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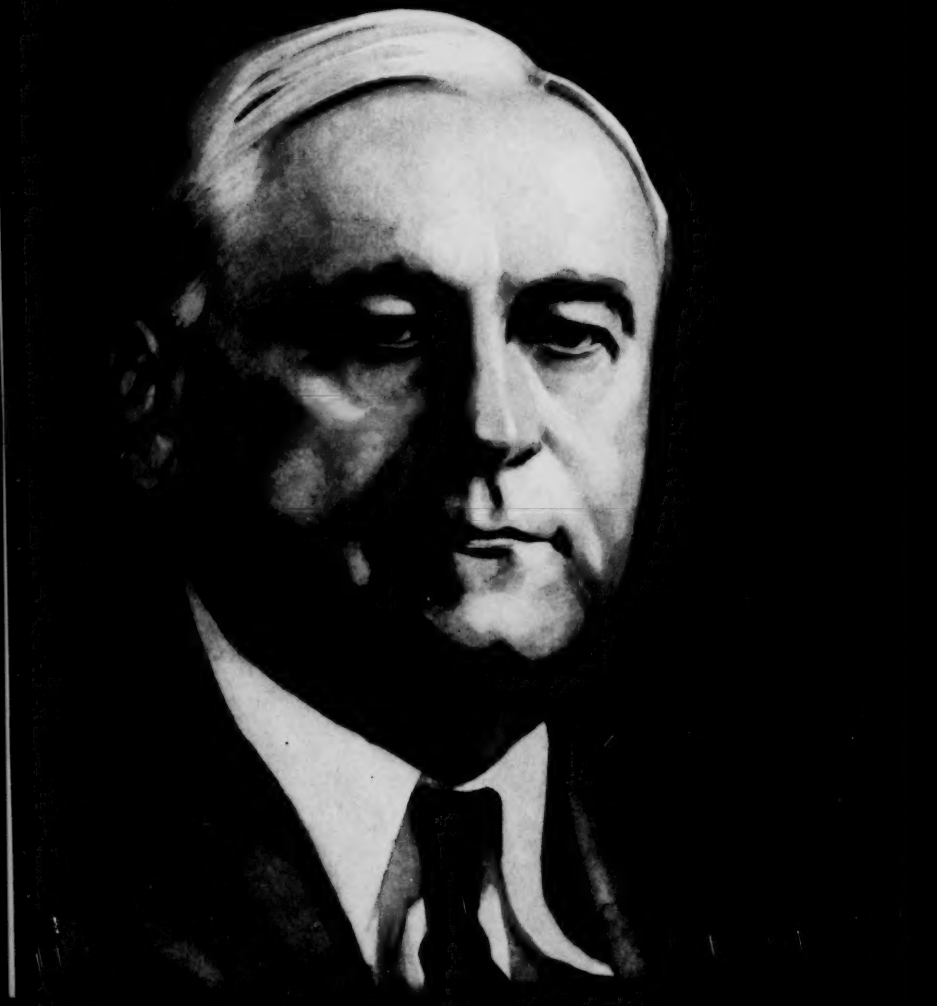

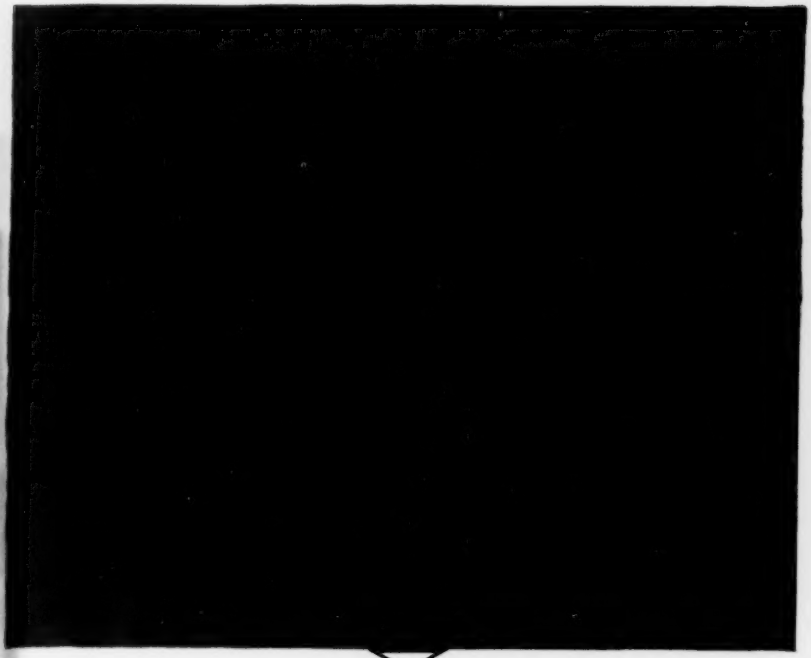

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1. "A Method of Improving Function of the Bowel": J. Arnold Bargen, M.D., Division of Medicine, Mayo Clinic, Rochester, Minnesota, in Gastroenterology, 13:275 (Oct.) 1949.

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VOLUME I NUMBER 1

OCTOBER 1950

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MODERN MEDICINE
VOL. 18, NO. 19

THE MAN ON THE COVER is Dr. Emil Novak, Assistant Professor of Gynecology, Johns Hopkins University Medical School, and Gynecologist-in-Chief, Bon Secours and St. Agnes hospitals, Baltimore. He is author of *Menstruation and Its Disorders*, *The Woman Asks the Doctor*, *Gynecological and Obstetrical Pathology*, and *Textbook of Gynecology*. His contributions to textbooks and medical journals number more than 300, one of which provides the basis for the report "Treatment of Primary Dysmenorrhea" on page 78. In addition to his other activities, Dr. Novak is Editor-in-Chief for Gynecology of the *Obstetrical and Gynecological Survey*.

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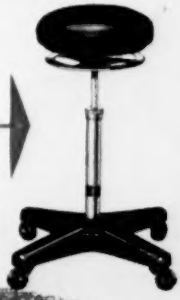

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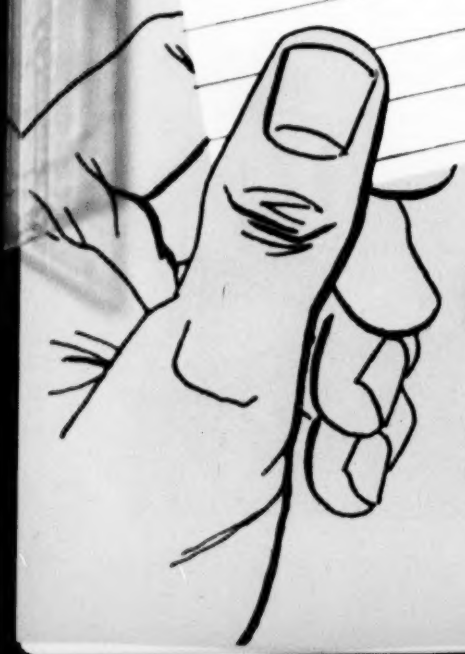

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1. McCracken, J.P. et al: Gout: Still a Forgotten Disease, J.A.M.A. *131*:367-372 (June 1) 1946.
2. Freyberg, R.H.: Practical Considerations in the Management of Arthritis, Pennsylvania M. J. *51*: 729-738 (April) 1948.

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TO THE EDITORS: May I take this opportunity to thank you for *Modern Medicine*? If you have a 1949 Index left, I would appreciate a copy.

S. PEIZER, M.D.

Seattle

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Likes Special Issue

TO THE EDITORS: I would like a copy of the issue of *Modern Medicine* which featured the symposium on Physical Medicine and Rehabilitation. It meant a great deal to me but I have somewhere misplaced my copy.

D. L. LYNCH, M.D.

Roslindale, Mass.

An Announcement of Special Interest to readers of MODERN MEDICINE *on pages 128-129*

Another Zero Needed

TO THE EDITORS: In my letter on "Therapy of Red Measles" (*Modern Medicine*, Aug. 15, 1950, p. 18) I inadvertently gave the dosage of Crysticillin as 40,000 units. The correct dosage is 400,000 units. I cannot explain how the error occurred, but I would appreciate it if you could make a correction.

L. C. HART, M.D.

Lansing, Mich.

Splenectomy for Blood Dyscrasias

TO THE EDITORS: I should like to comment on the interesting article by Drs. C. Stuart Welch and William Dameshek (*Modern Medicine*, July 15, 1950, p. 71) with particular reference to their category of "hypersplenic hemolytic anemia" and the propriety of splenectomy in cases deemed "hemolytic" because of a "normoblastic hyperplasia in the bone marrow" or the presence of an albumin-fortifiable circulating antibody.

The latter is just as frequently found in megaloblastic anemias and in acute leukemia, particularly in subjects who have had repeated transfusions. My observations have indicated that the hyperplasia is more

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frequently erythroblastic than normoblastic. Again, the last statement may apply equally well to the acute leukemias, and careful analysis of all the myelosuppressive dyscrasias shows overlapping common features, not the least of which is a hemolytic component.

However, there is a type of anemia appearing in adults which, because of its marked refractoriness to usual hematinic therapy and even to multiple transfusion, is referred to the hematologist, who designates it as "hemolytic" on the basis of the criteria given by the authors. This eventuality can be considered fortunate because usually the general health of the patient is so poor and he has so many associated gastrointestinal symptoms that the presence of an inoperable neoplasm may be assumed. Splenectomy may be performed to validate an otherwise unprofitable laparotomy, no organic disease being revealed. To understand why the beneficial effect of splenectomy may be more easily procured, one must review recent progress on the nature of hemolytic anemias.

That such anemias might have no actual hemolytic basis was inferred many years ago by Dr. George Whipple, who did not accept this explanation for the acholuric jaundice and urobilinuria of megaloblastic anemia. More recently, Schoenheimer and Rittenberg have validated Whipple's explanation by demonstrating that, under certain conditions, a perverted hemopoietic marrow might directly elaborate bile pigment precursors. The last demonstration provided the experimental link in a chain of evidence that in the usual hemolytic, as in megaloblastic and myelophthisic anemia, there may not be the augmented erythrocyte destruction connoted by marrow morphology and bilirubinemia, but a marrow arrest.

The same statement now seems applicable to the anemias of acute leukemia, radiation morbidity, glomerulonephritis, and nonbleeding malignancy, all of which may evince a pseudohemolytic component. Purely generic differences among hemolytic anemia, megaloblastic anemia, and acute leukemia would seem to be solely in the stage of marrow arrest, that of the first, erythroblastic; the second, megaloblastic; and the third, leukoblastic. One might indeed simplify and formalize the classification of myelosuppressive dyscrasias by considering agranulocytosis as a granulopoietic arrest and Schönlein-Henoch's purpura as variant with megalokaryocytic arrest. The spleen may be the source of a cholinesterase-inhibiting peptone, or of acetylcholine, either of which may directly inhibit the hemopoietic marrow. Hence, splenectomy may benefit these patients.

There is a strong probability that more of the cholinergic inhibitor arises from the intestinal tract. By the same expedient found useful in arresting progressive anemia in some acute leukemic patients (*Ohio State M.J.* 46:784, 1950), an effective hematinic for hemolytic anemias has been uncovered. Oral doses of streptomyces-derived antibiotics (aureomycin, terramycin, Chloromycetin, streptomycin, and some as yet uncharacterized) in small quantities, just sufficient to suppress the ordinary proteolytic intestinal flora (coli-aerogenes,

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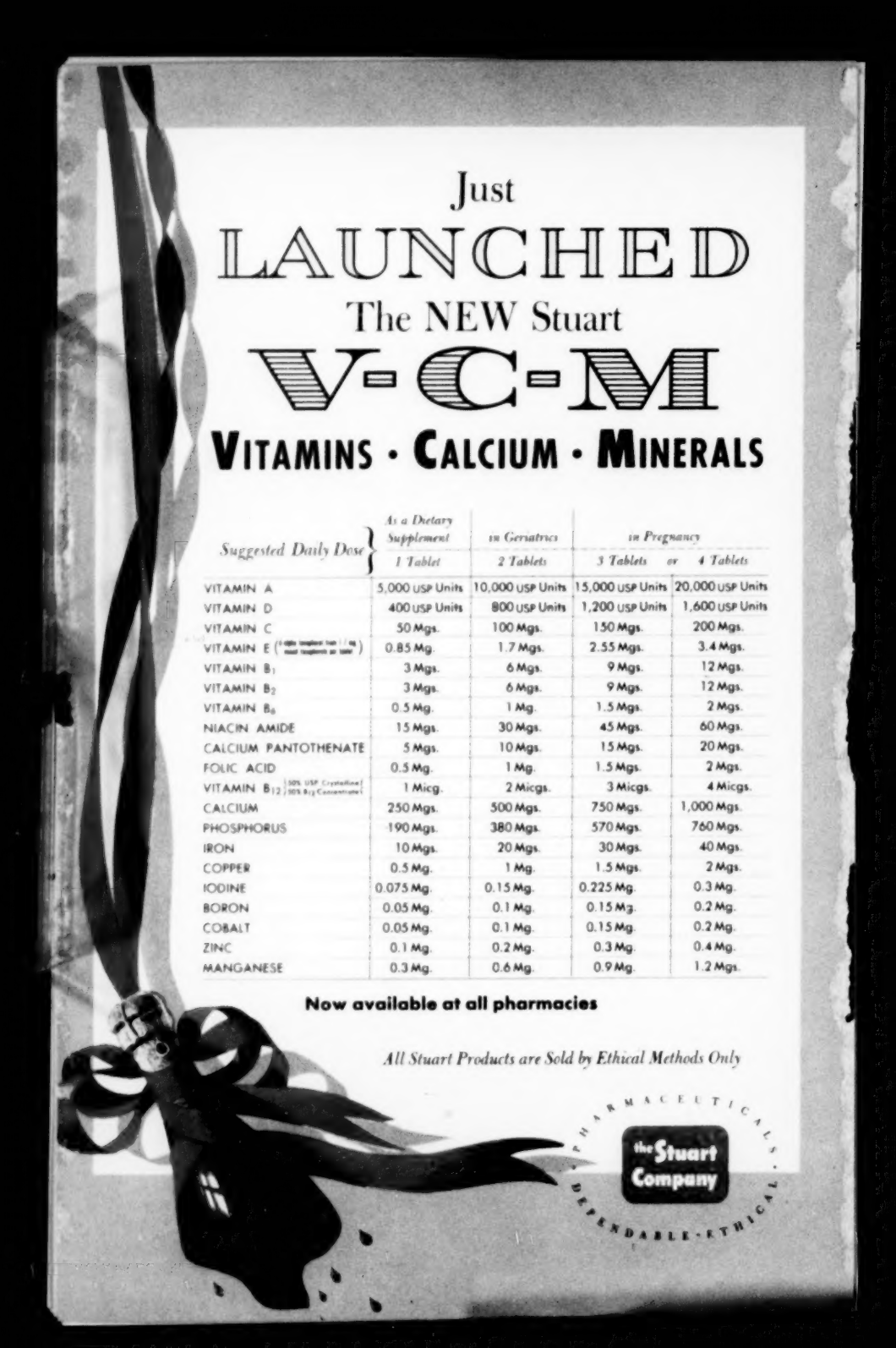

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Proteus, and possibly *Clostridia*) and to substitute a predominantly saccharolytic gram positive (*Lactobacillus* and *Streptococcus faecalis*), have caused such rapid clinical and hematologic improvement in 8 successive hemolytic anemia patients that splenectomy may soon go by the boards for this disease.

Work in progress indicates that peptones, proteoses, arising from proteolytic activity of the usual flora in an intestinal tract of heightened permeability may be responsible for many hemopoietic arrests. Circulating peptone may be curtailed in various instances by intestinal coliform organism suppression (oral antibiotics), by altering intestinal permeability and the pathway of protein catabolism (corticotherapy), or by bolstering cholinesterase synthesis (B_{12} and folic acid).

Each of these agencies may have overlapping effects; that is, oral antibiotics or folic acid may cause salt and water retention indistinguishable from that of corticotherapy; folic acid and B_{12} have been found to have some coliform-suppressor antibiotic activity.

Two complete remissions in infantile megaloblastic anemia have been secured with a daily dose of 150 mg. of terramycin.

Radiation anemia and that of glomerulonephritis both appear to be more responsive to minimal oral antibiotic therapy than to any other agency, not excluding transfusion. Whatever the validity of the presented theoretic basis of this therapy, it would seem to warrant a trial in refractory anemias before resort to splenectomy, in instances not of an urgent nature.

ROBERT D. BARNARD, M.D.
Laurelton, L. I.

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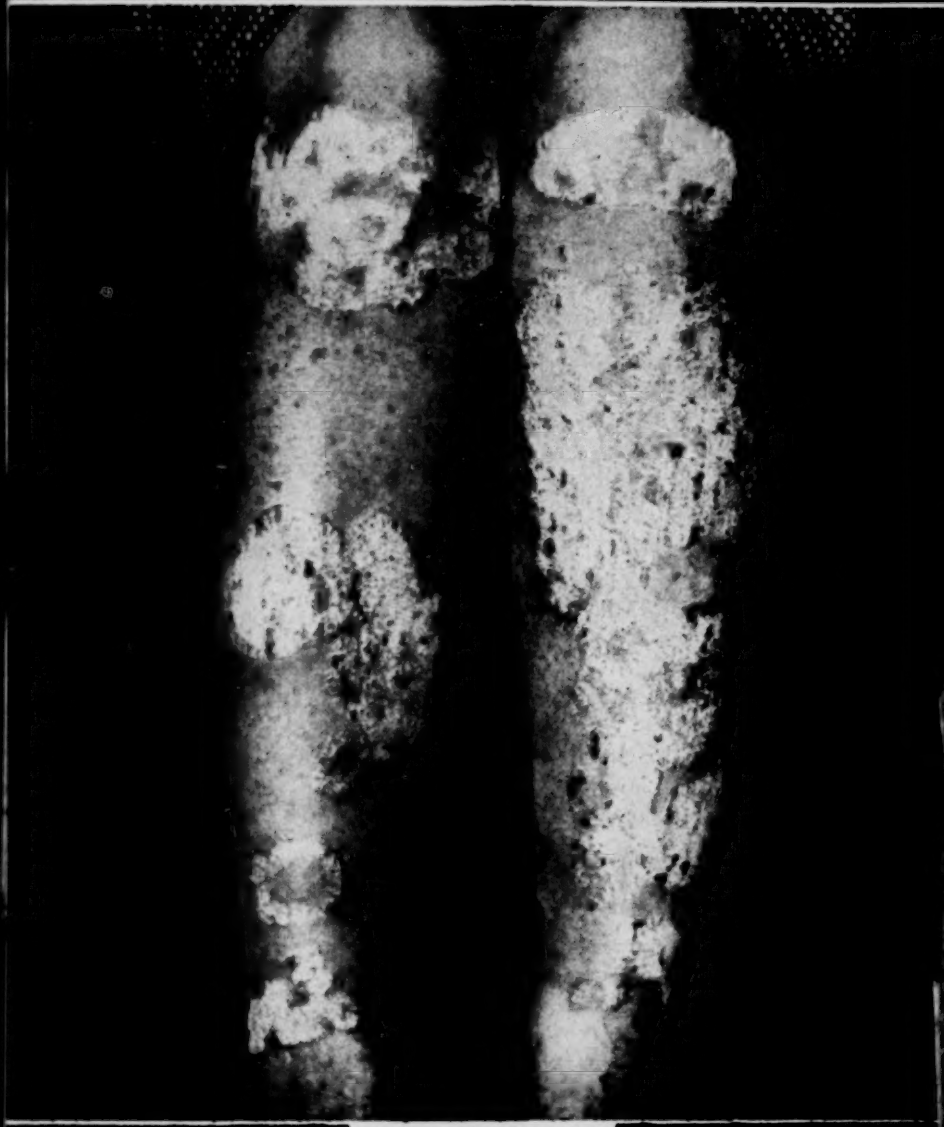

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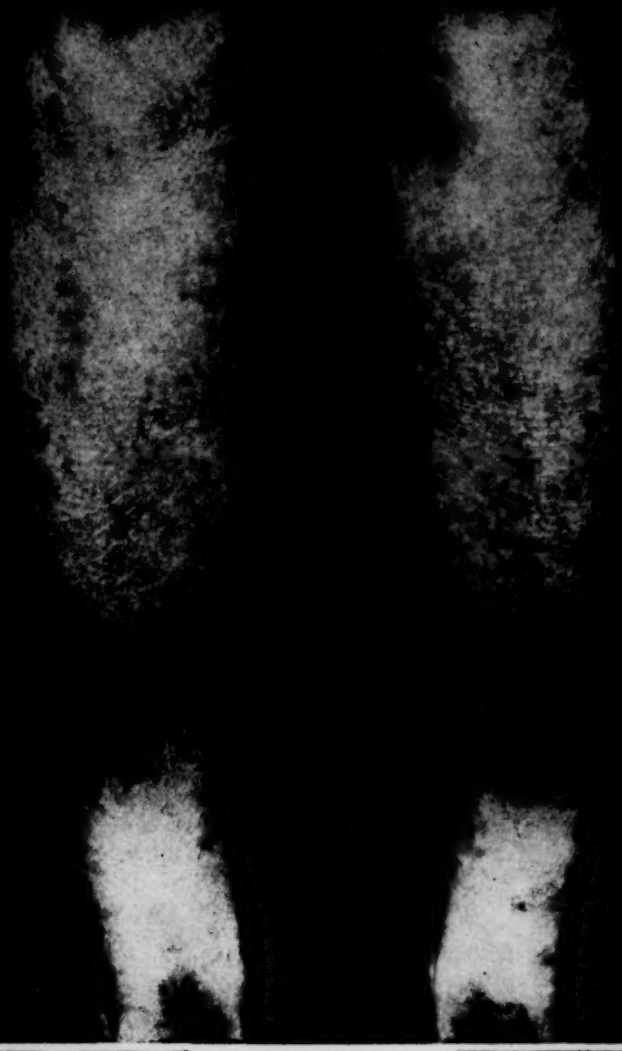

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Questions & Answers

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QUESTION: What is the minimum amount of endometrium necessary to continue menstruation?

M.D., Massachusetts

ANSWER: *By Consultant in Gynecology.* A very small amount of endometrium will continue to menstruate at regular intervals in the presence of normal ovarian function, as demonstrated in women who have had supracervical hysterectomy with retention of a very small amount of endometrium in the cervical stump. Theoretically, the presence of one endometrial gland might produce microscopic menstruation, but this is difficult to prove.

QUESTION: Do electrocardiograms sometimes fail to reveal myocardial infarction, and under what conditions is this possible?

M.D., Michigan

ANSWER: *By Consultant in Cardiology.* Diagnosis of myocardial infarction may not always be indicated by the electrocardiogram. Myocardial injury is often evanescent and may not be recorded on electrocardiograms unless numerous tracings are made. A small infarct which does not reach the epicardial surface or is located in the septum or in some silent area affects the indirect and the usual precordial leads slightly if at all.

QUESTION: Is early enlargement of the heart best revealed by the electrocardiograph or the fluoroscope?

M.D., Massachusetts

ANSWER: *By Consultant in Cardiology.* The electrocardiograph is more dependable than the x-ray in detecting early cardiac hypertrophy.

QUESTION: What is the earliest date following an injury to the brain that severe optic atrophy may appear? Also, if an optic nerve is cut, do edema and congestion develop before the picture of optic atrophy is present? We have a patient first seen two weeks after a blow on the head. Vision was 20/200 and definite optic atrophy was present. He was found to have an elevated tension in each eye when hospitalized. I think he had incipient glaucoma and atrophy before injury.

M.D., Texas

ANSWER: *By Consultant in Ophthalmology.* A definite optic atrophy is unlikely to appear two weeks after injury. I have never seen complete pallor of the nerve head this soon after even a severe hemorrhage into the optic nerve sheath. As a rule, the earliest appearance is between the third and fourth weeks. If the optic nerve is severed, edema and congestion do not necessarily develop before optic atrophy is present. The probability is that this man had glaucoma before the head injury.

(Continued on page 28)

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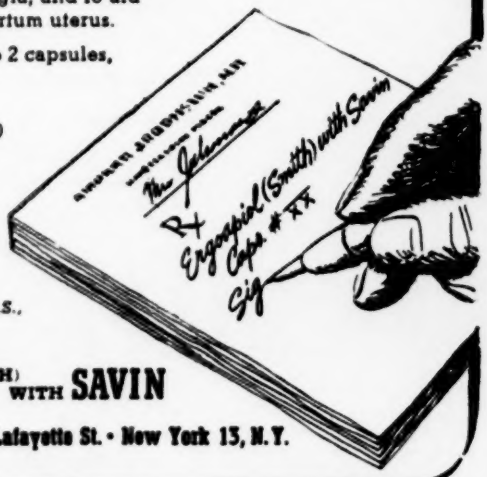
INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: 1 to 2 capsules, 3 to 4 times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.



Ethical protective mark, M.H.S., visible only when capsule is cut in half at seam.

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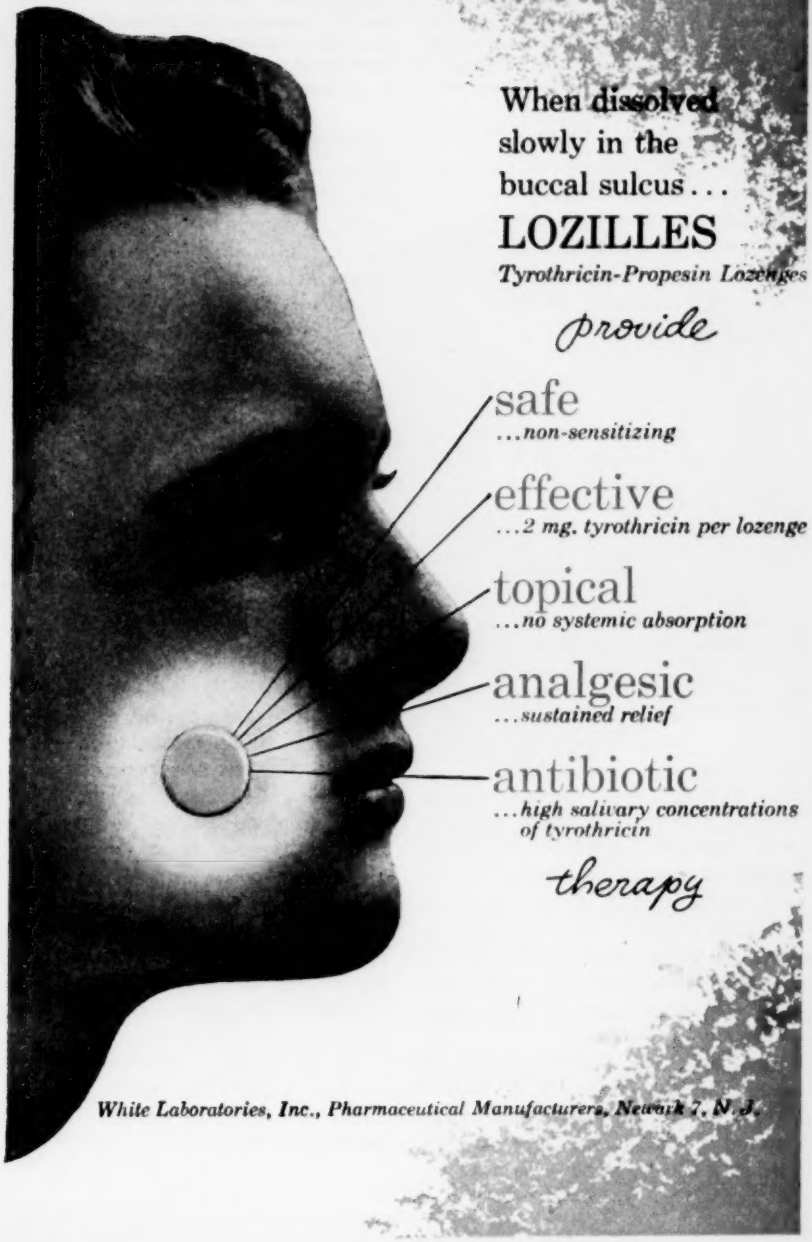
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...2 mg. tyrothricin per lozenge
topical
...no systemic absorption
analgesic
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antibiotic
...high salivary concentrations of tyrothricin
therapy
White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

QUESTION: Is there danger of carcinogenesis with therapeutic doses of folic acid or estrogens and androgens, in view of the theory that excessive amounts of these factors instigate neoplastic growth?

M.D., New York

ANSWER: *By Consultant in Pharmacology.* No convincing evidence demonstrates that small therapeutic amounts of folic acid stimulate neoplastic growth. Geist and Salmon (1941) made frequent vaginal and endometrial biopsies of a large number of patients to whom estrogens were administered, the total dosage amounting to 53,000,000 international units in certain cases. No indication of carcinogenesis was found. This study would indicate that danger of stimulation of cancerous growth by therapeutic doses of the estrogens is not significant.

QUESTION: What can be done for a fifty-nine-year-old man with impotentia sexualis and ejaculatio praecox? He is in excellent health. Would testosterone or chorionic gonadotropin help?

M.D., Ohio

ANSWER: *By Consultant in Urology.* Although not enough details are given, this case would seem to be a psychiatric problem. Many instances of premature ejaculation are due simply to the unwillingness of the male to defer the act until the female is ready. Most of the patients will not admit this but it is often true. Usually these patients have enough male hormone of their own as evidenced by normal growth of beard and thus will not be helped by administration of hormones. Occasionally prostatic massage and the passage of sounds will yield relief.

QUESTION: Please inform me of any specific treatment for progenital herpes simplex, recurrent for eight years in a thirty-one-year-old married woman who is in good health with normal habits.

M.D., Washington

ANSWER: *By Consultant in Dermatology.* No specific treatment for recurrent herpes simplex is known. A series of vaccinations with cowpox vaccine, used in the same manner as for smallpox, often gives relief. An estimated 40% of patients do not have recurrences after vaccinations repeated at intervals of two or three weeks for a total of seven or eight vaccinations.

QUESTION: For several years, migraine headaches of one of my patients have always been controlled with Cafergone. Recently he had a severe attack that 4 tablets taken one hour apart did not relieve. Why does he obtain no relief now?

M.D., Texas

ANSWER: *By Consultant in Neurology.* Generally, patients do not acquire tolerance to this drug. Since the causes of migraine headache are variable but the attacks are basically due to a distention of the extracerebral blood vessels, one can expect fair results from Cafergone if given early enough and if the attack is not too severe.

In severe attacks or if the drug is given too late, the effect generally is not good. Many attacks of migraine headache do not respond to this drug.

At the present time we do not have a medication which will invariably help and prevent all migraine headaches.

(Continued on page 32)

In response to physicians' requests, two major changes have been made in Par-Pen:

optimal strength: The strength of Par-Pen has been increased to 5000 units of penicillin per cc.

convenient size: The package has been changed to a convenient ½ fl. oz. (15 cc.) bottle—to eliminate wastage.

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Detailed literature and samples on request.

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*PB abbreviated designation for phenobarbital.

ENDO PRODUCTS INC., RICHMOND HILL 18, NEW YORK

QUESTION: What is the probable cause and suggested treatment for progressive alopecia of two years' duration in a twenty-two-year-old woman? The patient is in excellent health and is emotionally stable. The only physical findings are a tendency to excessive oiliness of the scalp with flaky, somewhat cheesy scales and a symmetric loss of hair over the scalp.
M.D., Pennsylvania

ANSWER: *By Consultant in Dermatology.* Progressive alopecia seems to be caused by several factors; in most cases more than one is present. Hereditary and endocrine factors are both important, but the latter do not seem significant in this patient. Perhaps estrogenic, adrenal, and pituitary status of the woman should be determined.

Seborrhea also causes progressive alopecia and often contributes to the rate of loss even when other causes are present. This condition can best be treated by local measures incorporating sulfur as a topical application. I would suggest that 3% salicylic acid and 6% sulfur precipitate be added to 30 gm. of a washable ointment base and rubbed into the scalp thoroughly once daily for several weeks and then every other day for several weeks, after which the frequency can gradually be diminished. Shampoos during the initial period of treatment may be done at the choice of the patient and can be used more frequently than would otherwise be advisable.

Forensic Medicine

COMPILED BY ARTHUR L. H. STREET, LL.B.

PROBLEM: Does a physician's report filed with an industrial board under a workmen's compensation act, stating that an employee has been injured, that he has been examined, and that no disability will result obviate the necessity for the injured employee filing a claim for compensation within a time specified by the act?

COURT'S ANSWER: No.

In this case the Oklahoma Supreme Court said that there was "nothing in the physician's report which can be construed as . . . a conscious recognition of liability on the part of the employer nor . . . which would tend to advise the Commission that 'the employee' is claiming compensation for his injury" (198 Pac. 2d 652).

PROBLEM: Was a hospital's property exempt from taxation as being devoted to charitable purposes when services rendered to pay patients exceeded those furnished without charge to the poor, netting an operating profit of $111,007 out of $485,532 receipts; most of the profit resulting from the receipt of $182,342 for services rendered by physicians and surgeons?

COURT'S ANSWER: No.

However, the decision was reached by the Ohio Supreme Court by a narrow 4-to-3 vote of the justices. The case involved a Cleveland osteopathic hospital.

Six or 7 osteopaths had withdrawn from private practice to become hospital employees at a $1,000 monthly salary. It was unsuccessfully sought to establish an exemption on the theory that the excess of the value of their services, charged by the hospital, above their salaries—substantially the amount of the operating profit derived—reflected a contribution by them to the hospital.

The court observed that the charitable character of a hospital which ministers principally to the poor is not destroyed by receiving pay patients. But when services are rendered "very largely" to those able to pay and a "very substantial profit" is made, the institution automatically classifies itself as a business enterprise, even if the corporation is not organized for profit and expends the profit for charitable purposes.

The 3 dissenting justices thought that the gain resulting from receiving more for the doctors' services than they were paid should be regarded as donations by them, just as if they had paid the sum in cash for the support of the hospital. "The mere facts, that a hospital is operated efficiently within its income and supported in part by donations of services instead of cash, should not prevent it from receiving tax exemption" (91 N.E. 2d 261).

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effective
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inexpensive

The adrenal cortex plays an important role in rheumatoid arthritis. Recent studies have shown a close relationship between sulfur metabolism and adrenal cortical activity. This offers a scientific explanation for the consistently good clinical results which have followed the administration of **Sulphocol Sol**.

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Sulphocol Sol: *25 cc. multiple-dose vials; 12 and 100—2 cc. vials.*

Dose: *0.25 to 0.5 cc. intramuscularly at 3 to 7 day intervals, gradually increased to 3 cc.*

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Each delicious teaspoonful of Mol-Iron Liquid contains 40 mg. of elemental iron.

May be conveniently administered in a small quantity of water or fruit juice, club soda or ginger ale (not in milk).

Recommended Therapeutic Dosage:

CHILDREN: Up to 2 years—½ teaspoonful 3 times daily
2 to 6 years—1 teaspoonful twice daily
6 to 12 years—1 teaspoonful 3 times daily

ADULTS: 2 teaspoonfuls 3 times daily

Supplied: Bottles of 12 fluid ounces.

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1. Dieckmann, W. J., and Priddle, H. D.: Am. J. Obst. & Gynec. *57*:541 (1949).
2. Chesley, R. R., and Annitto, J. E.: Bull. Margaret Hague Mat. Hosp. *1*:68 (1948).
3. Neary, E. R.: Am. J. M. Sc. *212*:76 (1946).
4. Kelly, H. T.: Pennsylvania M. J. *51*:999 (1948).

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

PROBLEM: Was defendant liable to plaintiff, a physician, for medical services rendered to defendant's father, on a theory that defendant promised to pay the bill?

COURT'S ANSWER: Yes.

The City Court of New Rochelle, N.Y., ruled that the burden was on the doctor, in suing on the bill, to prove that defendant promised to pay, but decided that circumstantial evidence supported the doctor's testimony that defendant did so promise. A letter stating that defendant hoped the physician would do all that he could for his father did not, in itself, imply a promise to pay, but could be considered as corroborating the doctor's testimony. Another corroborating circumstance was the fact that the social welfare authorities could have provided medical care for the father and sought reimbursement from defendant.

Answering defendant's attorney's argument that there was no consideration to support defendant's promise to pay, the court said: "The contractual relation is a simple one: The plaintiff-doctor was to render professional services . . . in return for the promise of the defendant to pay for them. The plaintiff, by rendition of the services, did something he was not legally obligated to do, and he did so . . . only because of the promise made by the defendant of payment" (85 N.Y. Supp. 2d 713).

(Continued on page 40)

SPOIL THE APPETITE

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TABLETS

for treatment
of obesity

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patient!

CONTROL OF APPETITE is frequently beyond the power of human will, a fact that explains most cases of obesity. Fortunately, appetite can be checked by administration of certain sympathomimetic drugs, such as *Propadrine*® phenylpropanolamine HCl, a development of Sharp & Dohme research notably free of the unpleasant side effects associated with ephedrine.

ALTEPOSE tablets, a new formula for control of obesity, provide PROPADRINE HCl, 50 mg. (¾ gr.), to reduce the desire to eat; *thyroid*, 40 mg. (⅔ gr.), to increase metabolism; and DELVINAL® vinbarbital, 25 mg. (⅜ gr.), for mild sedation.

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ALTEPOSE tablets spare the obese patient the pangs of hunger, making low-calorie diets more acceptable, speed metabolism of excess fat and carbohydrate, and tend to suppress nervous tension and anxiety. The proper dose must be determined for each individual. ALTEPOSE tablets are supplied in bottles of 100 and 1,000. Sharp & Dohme, Philadelphia 1, Pa.

PROBLEM: Was expert testimony needed to demonstrate that a surgeon was negligent in misdiagnosing a complete displaced fracture of a right femur as a bruise, without securing a roentgenogram?

COURT'S ANSWER: No.

The California District Court of Appeal reaffirmed a statement that the courts will take judicial notice, without proof in a particular case, that "the failure to make use of the x-ray as an aid to diagnosis in cases of fracture amounts to a failure to use that degree of care and diligence ordinarily used by physicians of good standing practicing in this community." The community was Los Angeles (218 Pac. 2d 66).

¶By saying "in this community" the court seems to leave in doubt whether the court would rule that judicial notice will be taken that in every community, including those remote from cities, failure to secure roentgenograms violates standard local practice. But the trend of appellate court decisions seems to point to growing judicial attitude in line with that adopted by the California court.—A.L.H.S.

PROBLEM: Did the fact that a drill point broke while a surgeon was drilling holes in the head of a patient's humerus during repair of tendon injury raise a presumption that the doctor was negligent?

COURT'S ANSWER: No.

In a suit against the state of New York, brought by the patient, an inmate of a state hospital, the Court of Claims noted that the evidence left it a matter of sheer conjecture whether the breaking was due to an inherent defect in the drill, a sheer accident, or fault of the surgeon (95 N.Y. Supp. 2d 890).

PROBLEM: [1] In the trial of an automobile accident case, was a doctor's testimony that a blood test showed that defendant was intoxicated inadmissible because the blood was taken eighty minutes after the accident, there being no showing that defendant drank any intoxicant after the accident? [2] Did the trial judge err in permitting the doctor, on rebuttal, to explain the meaning of 165 mg. of alcohol per 100 cc. of blood?

COURT'S ANSWER: No.

As to the second question, the Iowa Supreme Court noted that the doctor explained that the stated percentage of alcohol in the blood of a man of average weight denoted more than 4 oz. of absolute alcohol or over 10 oz. of 100 proof whisky (42 N.W. 2d 383).

PROBLEM: Under the federal Immigration Act was an official medical certificate that an alien was afflicted mentally by mongolism conclusive ground for her exclusion from the country?

COURT'S ANSWER: Yes.

In a proceeding to release the alien, the U.S. Court of Appeals, Second Circuit, decided that the certificate was not invalid because there was no affirmative proof by the government that the medical officers who made the certificate were legally qualified to act. Their qualifications would be presumed in the absence of a showing that they were disqualified. And the court dismissed without comment a quibble that the certificate stated that the alien was afflicted with a mental deficiency, instead of following the governing statute by reciting that she was mentally defective (180 Fed. 2d 687).

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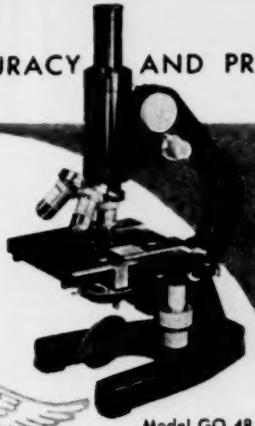

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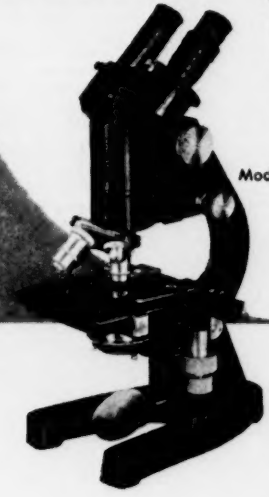

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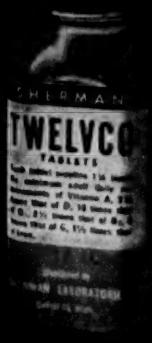

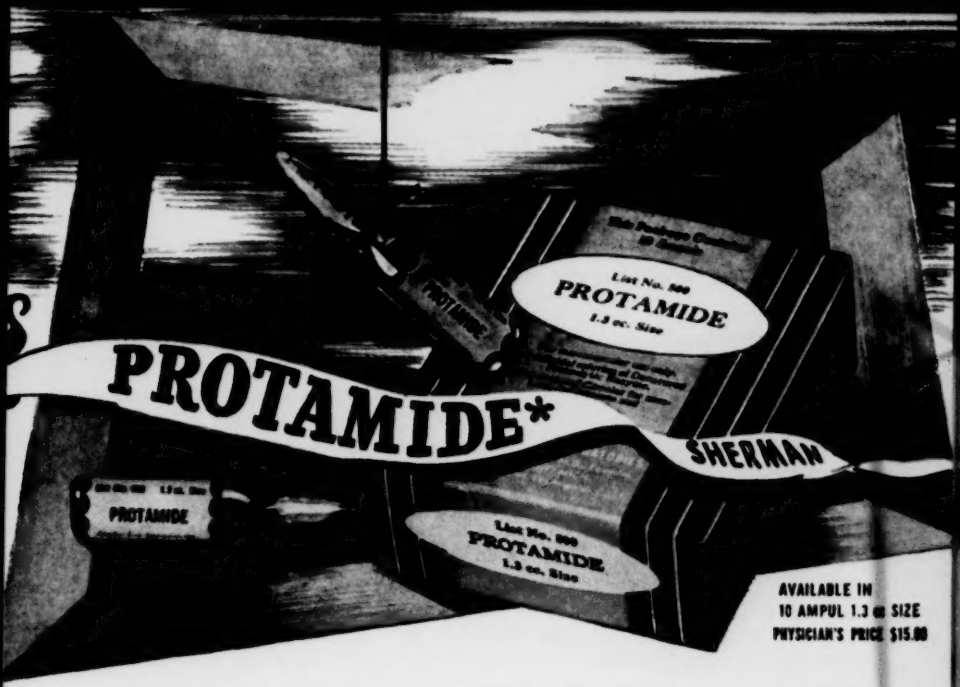

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DOSAGE: In Herpes Zoster the recommended dosage is 1.3 cc of Protamide intramuscularly each day from two to four days. No contraindications or incompatability have been reported to date. All Protamide is clinically tested for positive results. Can be stored at room temperature without loss of potency.

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Washington Letter

Lack of Volunteers Forced Army's Mandatory Call

While the Army's decision to call up individual medical reserves surprised many of those affected, it was anticipated in Washington for at least one month before the announcement. Actually, the Army had no choice.

By early August, Surg. Gen. Raymond Bliss and his staff were faced with the following situation:

► Army strength was being increased by the thousands weekly, new camps were opening, and National Guard divisions were being activated.

► To meet the new medical responsibilities, the Army had about 400 surplus officers because of closing of military hospitals, plus a few hundred more who had been taken from residencies.

► Reserves, or others, were not volunteering for active duty. July figures on volunteers were conclusive evidence that medical chaos, if not disaster, would ensue if the Army waited for volunteers to fill the need for military physicians. Only 68 medical reserves volunteered for active duty.

► On the Army's Medical Reserve Corps rolls were the names of 38,366 physicians who had voluntarily entered the reserves and who had remained in, knowing that they were liable for active duty in case of emergency.

When August came and there was still no spurt in volunteers, Gen. Bliss and his staff worked out their plan, notified the various Army commanders in the United States to start calling up individual doctors, and then made a public announcement.

During these critical weeks, many Army reservists kept their eyes on legislation which was designed to draft form-

(Continued on page 50)

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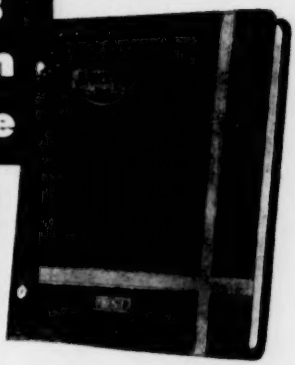

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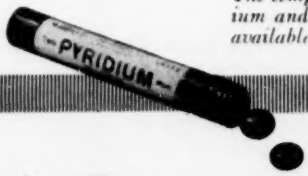
The complete story of Pyridium and its clinical uses is available upon request.



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1. Stoll, Maurice R.: Jr. of Parasitology 33:1 No. 1 [illegible] 1947.

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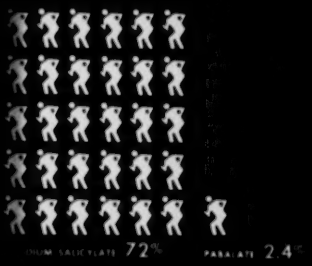

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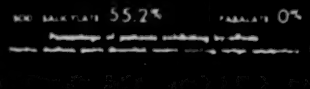
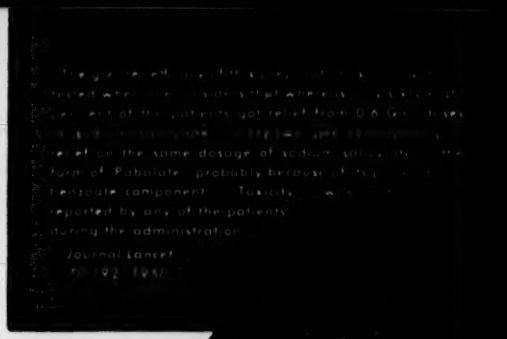


antirheumatic superiority . . .



Experience in the administration of the antirheumatic Pabalate confirms the efficacy, reliability and safety[6] of its synergistic combination of salicylate and para-aminobenzoic acid.[1,2,3,4,5] Pabalate has been reported not only to provide "twenty-four hour pain relief,"[6] but its use (unlike that of salicylate alone) carries a high degree of freedom from toxic reactions.[6]

INDICATIONS rheumatoid arthritis, fibrositis, acute rheumatic fever, gout, osteoarthritis. The Liquid is also recommended as a replacement for analgesic-antipyretic medication generally.

FORMULA each Pabalate Tablet or each 5 cc. (one teaspoonful) of Pabalate Liquid contains sodium salicylate, U.S.P. (5 grs.) 0.3 Gm., para-aminobenzoic acid (as the sodium salt) (5 grs.) 0.3 Gm.

SUPPLIED Pabalate Tablets are supplied in bottles of 100 and 500; Pabalate Liquid in pints and gallons.

REFERENCES

1. Beckman, H.: Treatment in General Practice, 6th ed., W. B. Saunders Co., Phila., 1948.
2. Belisle, M.: Union méd. du Canada, 77:392, 1948.
3. Dry, T. J. et al.: Proc. Staff Meet., Mayo Clin., 21:497, 1946.
4. Rosenblum, H. and Fraser, L. E.: Proc. Soc. Exper. Biol. & Med., 65:178, 1947.
5. Salassa, R. M., et al., J. Lab. & Clin. Med., 33:1393, 1948.
6. Smith, R. T.: J. Lancet, 70:192, 1950.

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* The data for these graphs are derived from the tabular material accompanying *"Treatment of Rheumatoid Arthritis and other Rheumatic Conditions with Salicylate and Para-Aminobenzoic Acid. a study of 125 patients."* by Richard T. Smith, J. Lancet, 70:192, 1950.

er ASTP students and other physicians who had served little or no time on active duty.

This legislation, however, was trailing far behind the Army's mounting requirements. Bills were introduced into the House, but none of the sponsors was a member of the Armed Services Committee, which meant that this committee could not be expected to take an immediate interest in the bills.

A few days before the Army announced the call-up decision, the first bill was introduced in the Senate by Sen. Chan Gurney (R., S. D.), the ranking minority member of the committee, who is in a position to push his bill. All these proposals carried provisions for a national advisory board. While this board might not be of vital importance in selecting former ASTP men for service, sponsors of the bill considered it important to maintain the principle of an advisory board of doctors to decide who should go on duty.

Sen. Gurney added one provision which was certain to draw the criticism of some high military medical officers. His bill stipulates that the overall ratio of physicians to total troop strength shall not exceed 4 per 1,000. This is slightly higher than the pre-Korea ratio, but is understood to be less than the ratio some medical planners consider necessary in wartime.

Whatever the course of this legislation, the Army was in a position where individual reserves must be called. Should even one of these bills be rushed through, no military physicians would be available for several months. Officially the Army could not activate these former ASTP men without new legislation. But the reserves were under Army jurisdiction. The medical chiefs could not go before Congress and testify that ASTP men were needed while their reserves were more than adequate.

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*Editorial Comment: N.Y. State J. Med. :2770, 1949.

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attention than that of the Army, probably because from the start the Navy adopted the policy that to meet its requirements calling up reserves when needed was a normal and proper operation. Very early the Navy inducted physicians of organized units. Then, for processing of new men, the Navy activated a few physicians attached to organized units but did not call up the units.

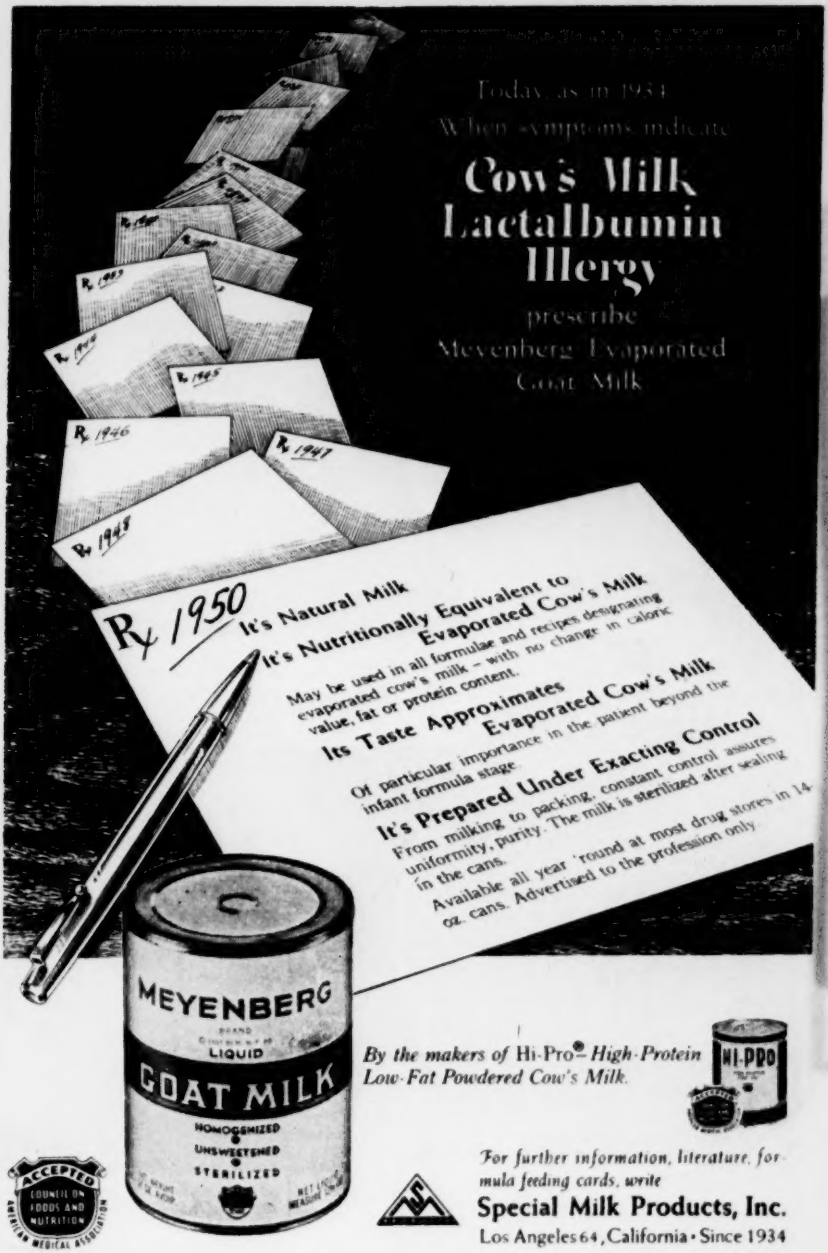
This procedure was orderly and did not attract much public attention. Also, Navy had an advantage over Army through relations with former V-12 students. Of the 4,200 Navy men who took this training, approximately half remained in the reserves. The Navy was able to call up half the men it had educated without waiting for a new law, whereas only a small number of Army's ASTP men had reserve commissions.

Book on Atomic Injury

Most complete, up-to-date information on the effect of atomic bombs on personnel is contained in the Atomic Energy Commission's *The Effects of Atomic Weapons*, for sale at Government Printing Office, Washington 25, D.C., for $1.25. Here are several all-too-brief excerpts:

Treatment of burns: "It may be recommended . . . that until there is more general agreement, the medical men in each community should employ the treatment for severe burns which they have found most efficacious."

(Continued on page 130)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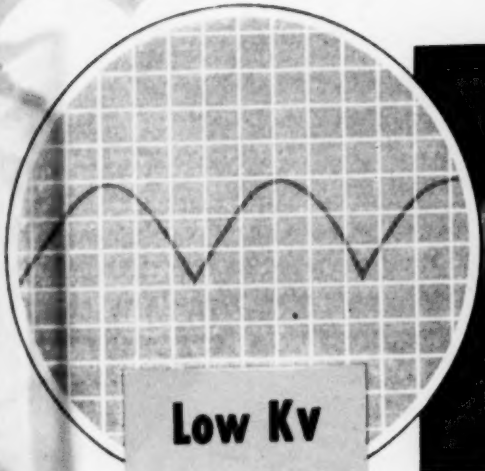

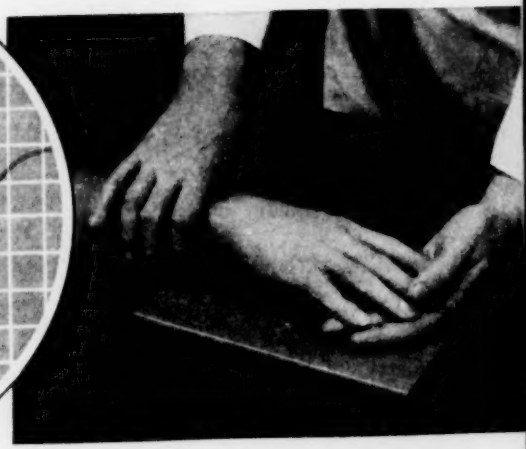

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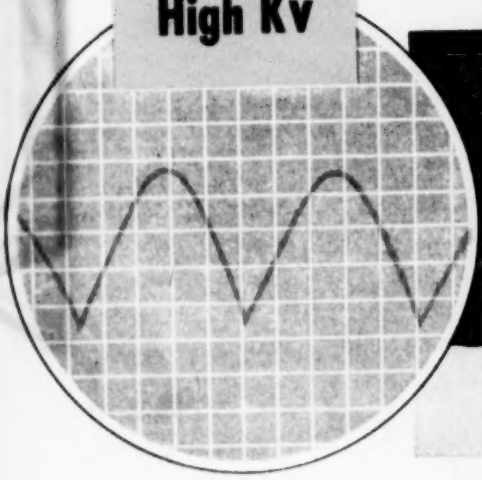

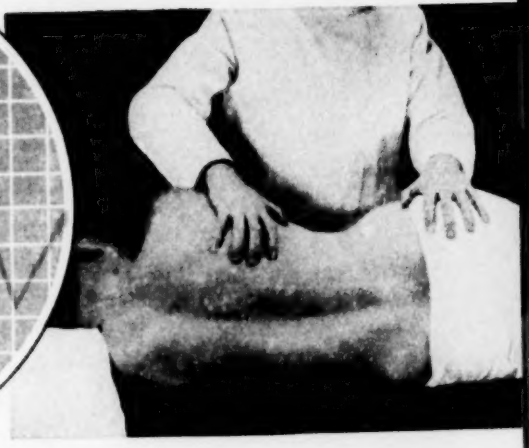

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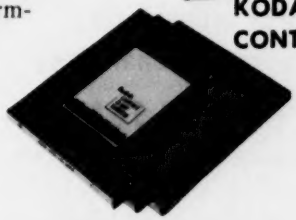

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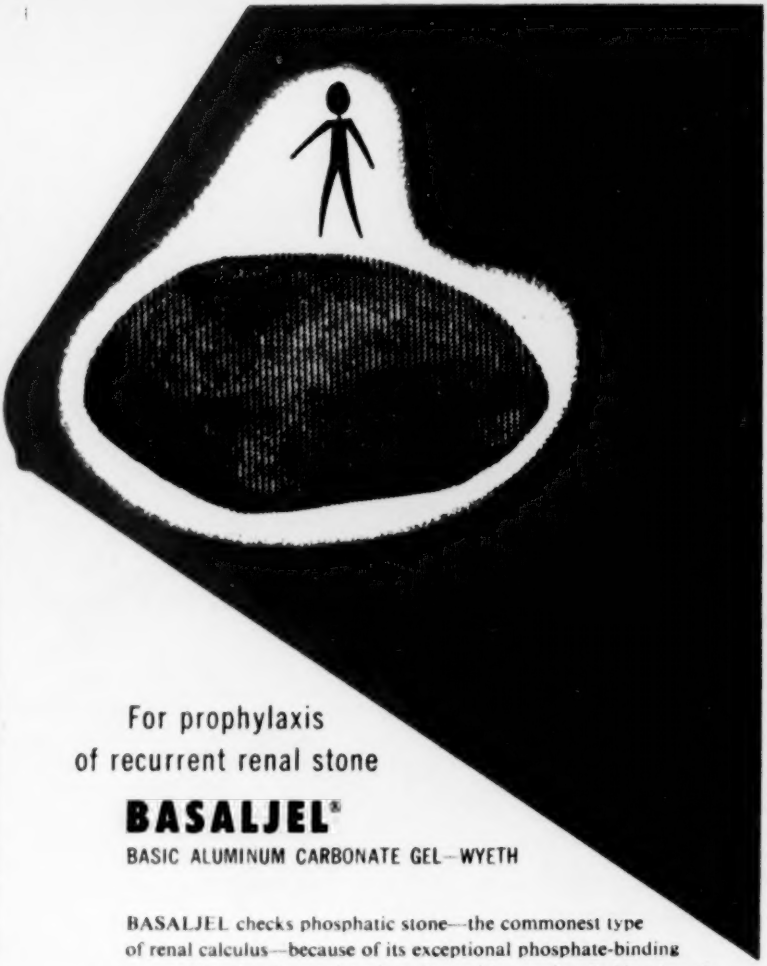

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MODERN MEDICINE

Diagnosis of Bronchial Stenosis

HAROLD A. LYONS, M.D.*
U.S. Naval Hospital, St. Albans, L.I.

Although bronchial stenosis may be recognized by correct interpretation of the findings from fluoroscopic, roentgenographic, and bronchoscopic examinations, the physical signs lead to early diagnosis and may modify treatment.

Many times obstruction to a bronchus is the only lesion. In other instances the stenosis is a sequel to other thoracic disease and prevents recovery or aggravates the primary condition.

The physiologic disturbances resulting from bronchial obstruction depend upon the [1] site; [2] degree; [3] cause; [4] time taken for development; [5] condition of surrounding lung; [6] status of the pulmonary and systemic circulation. The causes may be intrabronchial, endobronchial, or extrabronchial.

When obstruction becomes great enough a check-valve mechanism results, allowing inflow of air but preventing its outflow because bronchi normally are narrowed during expiration. Obstructive emphysema results. When an obstruction is complete the distal bronchopulmonary segment will become atelectatic. Increased negative intrapleural pressure, pulmonary edema, and accumulation of bronchial and tracheal secretions may result.

A cough is invariably present. When the obstruction is high, cough is severe; when a main stem bronchus or trachea is involved, the cough is brassy. Sputum, usually thin and frothy due to pulmonary edema, is purulent and foul only when infection has occurred. Large plugged bronchi often produce an audible wheeze. Positional dyspnea may be present when the patient is erect but is alleviated by the supine position.

Sonorous rales, localized in the main bronchial division, which are brought out better or elicited only by forced expiration with the patient lying on the affected side, are pathognomonic of bronchial stenosis, according to Comm. Harold A. Lyons, M.C., U.S.N. These rhonchi are usually more readily palpable and loudest over the stenotic bronchus. This localization eliminates other conditions such as bronchial asthma and chronic bronchitis.

Fluoroscopic and roentgenographic findings are important. With obstructive atelectasis the mediastinum shifts to the affected side with full inspiration. In the check-valve type of stenosis leading to obstructive emphysema, the shift is to the opposite side on forced expiration. In addition, the other roentgenograph-

* The diagnosis of bronchial stenosis. Dis. of Chest 18:16-26, 1950.

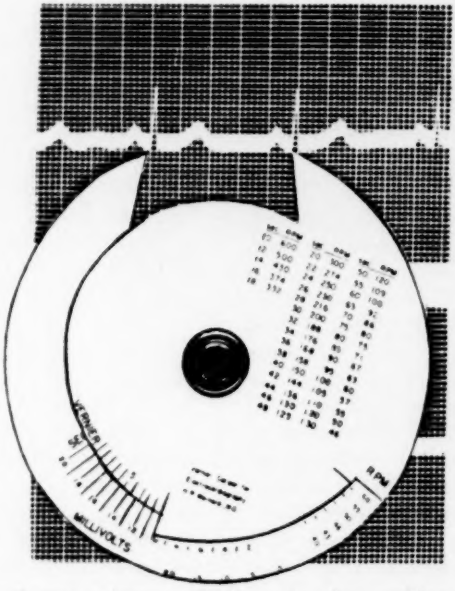
ic findings of atelectasis and emphysema may be seen.

Bronchoscopic examination will often localize the site and disclose the nature of the obstruction and may, by removal of a foreign body, mucous plug, or calcareous stone, lead to a cure.

Bronchograms are not usually advised because of the presence of infection and the possibility of aggravating the block. Tomograms, and to a lesser extent overexposed film, will be found useful measures in demonstrating a narrowing of a bronchus.

Caliper for ECG Interpretation

HAROLD R. WAINERDI, M.D., AND JAMES STEWART, B.S.*



ADAPTING the vernier principle, Harold R. Wainerdi, M.D., and James Stewart of the Hospital for Special Surgery, of New York City, have devised a caliper (see illustration) which measures the electrocardiogram accurately to one-hundredth of a second.

Normal limits for the QRS complex and PR interval are quickly checked with this caliper. Similarly, apical measurements are obtained by altering the caliper jaws.

The calibrations enable the cardiologist to detect minor variations in the cardiac cycle. A table on the face of the caliper further enhances its usefulness.

The caliper is not commercially produced. The one described was photographed from a large-scale drawing directly on a plastic material coated with a photographic emulsion.

* A vernier caliper for interpreting electrocardiograms. New England J. Med. 242:215-216, 1950.

Test for Addison's Disease

THOMAS P. ALMY, M.D., AND EUGENE J. COHEN, M.D.
Cornell University, New York City

JOHN H. LARAGH, M.D.*
College of Physicians and Surgeons, New York City

THE status of the adrenal glands is reflected by the response of the circulating eosinophils to the injection of epinephrine. Patients with adrenal cortical insufficiency show little or no reduction in eosinophil count after stress or injection of ACTH or epinephrine.

With a normally functioning adrenal gland, any stress encountered results in an appreciable drop in the number of circulating eosinophils. Injection of epinephrine causes a similar reaction in healthy persons.

When Addison's disease is suspected, the basal eosinophil count and the effect of epinephrine upon the eosinophil count should be ascertained. Under basal conditions, the normal eosinophil count is 100 to 250 per cubic millimeter of circulating blood. With Addison's disease, the basal eosinophil count is also usually normal. A basal count of less than 100 eosinophils per cubic millimeter is strong evidence against the presence of Addison's disease.

To make the epinephrine test, the patient must be fasting and tranquil for twelve hours. A blood sample is drawn for the basal eosinophil count and 0.5 cc. of a 1:1,000 epinephrine solution is immediately injected subcutaneously. A second eosinophil count is determined two and one-half to three hours later. The change, usually a drop, in the eosinophil count is expressed as a percentage of the basal count.

Thomas P. Almy, M.D., John H. Laragh, M.D., and Eugene J. Cohen, M.D., find an average decrease of 60% for healthy subjects. The eosinophil counts of patients with Addison's disease change only slightly after epinephrine; the average fall is 9.2%.

The epinephrine-eosinophil test for adrenal cortical function is most reliable in excluding Addison's disease. If the eosinophil count drops more than 50%, Addison's disease is almost completely excluded.

With a reduction of 30 to 50%, the test should be repeated. If subsequent results are again in the doubtful range, other tests of adrenal function are indicated.

An eosinophil count which falls less than 30% after epinephrine or actually rises may indicate Addison's disease and support, but not prove, such a diagnosis.

Hypopituitarism or disease of the hypothalamus occasionally prevents a normal fall in eosinophils following epinephrine. Patients with these

* Response of circulating eosinophils to epinephrine as an index of adrenal cortical function. New York Med., vol. 6, no. 11, pp. 16-19, 1950.

diseases will have an eosinophil decline after sufficient ACTH is administered unless the adrenals are also defective.

The test must be interpreted with caution for patients with chronic debilitating illnesses. The presence of liver disease, ulcerative colitis, or rheumatoid arthritis can cause an abnormally small decline in eosinophils following epinephrine.

A falsely abnormal result may be obtained for a person with normal adrenals if some stress has been encountered shortly before the test. The basal eosinophil count will already be low from the effects of the stress and the reaction from the epinephrine will hence be mitigated. Therefore twelve hours of hospital rest is advisable before testing.

Some practice is desirable in performing eosinophil counts though the method is simple.

Coronary Atherosclerosis in Women

ROBERT F. ACKERMAN, M.D., THOMAS J. DRY, AND JESSE E. EDWARDS, M.D.*

CORONARY arteries of women become steadily more atherosclerotic between the ages of thirty and eighty years, then stay about the same. Persons with standard and excessive weight are equally affected but coronary atherosclerosis is less severe if individuals are undernourished.

Postmortem observations of 600 hearts were correlated with hospital records by Robert F. Ackerman, M.D., of the University of Tennessee, Memphis, and Thomas J. Dry and Jesse E. Edwards, M.D., of the University of Minnesota, Minneapolis. Each decade from the fourth to ninth, inclusive, was represented by 100 cases.

Cross sections of the right and left coronary arteries were made at 3-mm. intervals, and degrees of sclerosis were graded from less than 25% reduction of lumen to total closure.

Approximately 5% of women in the thirties had severe atherosclerosis and 60% in the seventies and eighties.

The left coronary artery was particularly susceptible. Involvement was greatest in the anterior descending branch, then in the main right artery, the left circumflex, left main, posterior descending, and marginal arteries, in the order named.

Diabetics had 12 to 45% more occlusion in the fifth to eighth decades than nondiabetic women.

Coronary atherosclerosis is far less severe in women than in men. The difference lessens after the seventh decade.

* Relationship of various factors to the degree of coronary atherosclerosis in women. Circulation 1:1345-1354, 1950.

The Shoulder-Hand Syndrome

EDGAR E. FOLK III, M.D.*
Episcopal Hospital, Philadelphia

MYOCARDIAL infarction is sometimes followed by persistent severe pain in the shoulder with painful swelling and hyperhidrosis of the hand.

If hyperalgesia continues, tissues may atrophy and joints stiffen until the arm is permanently deformed. Symptoms are almost invariably relieved, however, by medical or surgical sympathetic block.

Edgar E. Folk III, M.D., ascribes the shoulder-hand syndrome to impulses reverberating in closed chains of internuncial neurons in the spinal cord. The initial stimuli presumably arise from ischemic cardiac muscle and later from peripheral tissues.

The syndrome may be abortive or complete. During the active stage of coronary occlusion, manifestations probably occur in 20 to 25% of cases without being recognized. About 10% of persons who recover from infarction have the shoulder-hand condition, starting as a rule from three to twelve weeks after the coronary occlusion.

The partial form consists of painful disability of the shoulder, contractures of palmar fascia, Dupuytren's contracture, and distressing vasospasm or vasodilatation of the hand, which may swell and eventually atrophy. Blood flow to the affected extremity may increase 30%, arterioles are dilated, and capillary hypertension may develop.

The complete syndrome develops in three phases. Stage 1 may last three to six months. The shoulder is painful and incapacitated; the hand and fingers on the same side are sore and swollen, with hyperemia and excessive sweating. The skin is warm, red, and edematous. Osteoporosis is not visible in roentgenograms.

During the second stage, about the same length as the first, dysfunction of the shoulder and swelling of the hand gradually decrease. Blood vessels are constricted, and early ischemic changes develop including atrophy of muscle and bone. Though tissues are no longer hyperemic, hyperalgesia is a prominent feature.

Stage 3 continues for months or years. The syndrome is now full-blown, and changes are permanent. Musculocutaneous tissues are atrophic, and bone atrophy is observed. The hand and fingers are deformed, with contraction of tissue, ankylosis of joints, and, in some cases, residual disability of the shoulder. Intractable pain is still felt.

The sensation may be deep, diffuse, and burning with sharp pangs resulting from use of the limb, pressure on trigger points, jarring, drafts of air, or emotional upset.

* The shoulder-hand syndrome following coronary occlusion. J. Bowman Gray School Med. 8:36-42, 1950.

From four to six weeks after onset of bone atrophy, when 15 to 20% of the calcium is lost, radiography reveals diffuse mottled osteoporosis of metacarpals and phalanges.

In some instances vesicles appear on the hands and produce painless ulcers. Among possible complications are herpes zoster of the thorax and paroxysmal ocular ptosis with angina.

Sympathetic nerves may be interrupted by etamon, local procaine injection, spinal anesthesia, or sympathectomy. Treatment nearly always abolishes or alleviates symptoms, although the rationale is not fully understood.

Mechanics of the shoulder-arm syndrome have been explained in various ways. According to one concept, anterior and lateral horns of the spinal cord produce muscle spasm and vasomotor changes in the arm, and pathologic changes in tissue stimulate nerve endings and cause pain.

A second theory assumes that pain and vasodilatation are due to antidromic sensory nerve impulses arising from central stimuli. A third possible factor is an axon reflex.

Before agreement can be reached, however, the existence of antidromic sensory stimulation and of axon reflexes must be proved or disproved.

INFECTIOUS MONONUCLEOSIS produces hepatitis in two-thirds to three-fourths of cases. Possible relation of the hepatitis to pathogenesis of cirrhosis should be considered. Liver involvement is generally slight, nonicteric, and transient but sometimes prolonged jaundice does occur. Hepatic tests were done for 24 patients at Western Reserve University, Cleveland, by William S. Jordan, Jr., M.D., and Robert W. Albright, M.D. For 23 of the patients, 1 or more tests were abnormal, and in 16 cases 3 or more, particularly cephalin-cholesterol, thymol turbidity, and bromsulfalein. Hepatic changes usually occur in the second and third weeks and occasionally persist for two months.

J. Lab. & Clin. Med. 35:688-698, 1950.

PLASMA CONCENTRATIONS OF AUREOMYCIN may be considerably reduced by the administration of aluminum hydroxide. The reductions are often as great as 75 to 90%. Aluminum hydroxide has been widely used to alleviate the symptoms of nausea and vomiting which may accompany aureomycin administration. William P. Boger, M.D., and associates of Philadelphia General Hospital offer two possible explanations of the reduced effectiveness of aureomycin when given in conjunction with the antacid. Aluminum hydroxide may either adsorb the aureomycin and prevent absorption from the gastrointestinal tract or neutralize and actually destroy the antibiotic.

J. Philadelphia Gen. Hosp. 1:3-7, 1950.

Alcoholism and the General Practitioner

JOSEPH HIRSH, Ph.D.*
Washington, D.C.

PROBLEM drinkers in the United States total three-quarters of a million persons. They are true alcoholics and are sick to begin with, become sick in their dependence upon alcohol, or acquire physical and mental damage from excessive drinking.

Joseph Hirsh, Ph.D., Executive Secretary of the National Research Council's Committee on Problems of Alcohol, lists three main alcoholic types: the symptomatic, the true addict, and the secondary addict.

The *symptomatic alcoholic* comprises between 40 and 60% of all inebriates. His excessive drinking is a symptom of some underlying mental or physical illness, such as epilepsy, psychosis, neurosis, mental deficiency, or psychopathic personality.

The *true addict* may be suffering from an inborn error of metabolism, wherein alcohol represents an inevitable, necessary, but unmanageable poison.

The *secondary addict* is a reasonably well-adjusted person, who under strong psychosocial and situational influences resorts to reactive drinking of an irregular and sporadic nature.

The symptomatic alcoholic and the true addict make poor adjustments to their total environments prior to addiction, and the process of physiologic dependence is regular and inevitable. The secondary addict usually starts out as a social drinker, but because of exogenous predisposing, precipitating, or situational factors, passes through the excessive-though-normal stage to the chronic alcoholic phase.

To a patient, whether symptomatic or addictive, who is ready to stop drinking, the general practitioner can offer much help.

Since the entire process of living is difficult and complicated for most alcoholics, recidivism should call forth patience, compassion, and understanding. The goals set for therapy should be spaced one at a time.

Coexisting illness, frequently used to rationalize alcoholic debauches, should be adequately and vigorously treated.

The general practitioner must assess the need for more specialized care. The indications for psychiatric referral include previous nervous breakdown, history of typical psychopathy, well-defined mental illness—anxiety state, hysterical reaction, delusions, hallucinations—epileptic features, and abnormal electroencephalogram.

For patients who want to be helped, Alcoholics Anonymous offers a twelve-step program of self-analysis, help, and rehabilitation. The general practitioner can find the addresses of local groups through the

* Alcoholism and the general practitioner. Postgrad. Med. 8:5-9. 1950.

national office of the Alcoholic Foundation, 420 Lexington Avenue, New York City.

In general practice, psychotherapy is essentially a problem in human relations. For accurate delineation of the character and degree of psychosocial maladjustment and neurotic involvement, the patient can be assessed only during periods of abstinence.

Treatment is directed at the maintenance of total abstinence. Contraindications to complete withdrawal are few, if any. The patient's personal capacities, intellectual, emotional, physical, and social, as well as interpersonal relationships, are jointly examined by the physician and patient.

The treatment involves use of three R's—reassurance, reeducation, and redirection. The patient must be taught to recognize and act within his capacities and limitations, rather than to resist, fight, reject, or seek flight through drinking.

Substitutive treatment aimed at developing new pursuits and activities is frequently helpful.

Drug therapy, including aversion or conditioned reflex treatment, is ineffective unless coupled with psychotherapy.

Color of Feces Containing Blood

J. H. Hilsman, M.D.*

The source of bleeding within the gastrointestinal tract cannot be localized by the color of stools.

Darkening from bright red to black depends on the length of time blood remains in the small intestine, not on the site of hemorrhage. Feces containing blood from the duodenum may be stained crimson.

Using a Miller-Abbott tube, J. H. Hilsman, M.D., instilled citrated blood into intestines of medical and surgical patients at the Hospital of the University of Pennsylvania, Philadelphia. The same amounts were introduced at various levels under fluoroscopic guidance. Evacuation was hastened in a few cases by injection of Urecholine, and in others was delayed by atropine sulfate.

After injection into the duodenum, jejunum, or any part of the ileum, fecal color remains bright or dark red for about eight hours. If blood remains in the intestine nine hours or more, stools are generally dark reddish brown or black.

Since blood introduced into the colon usually remains red, even after a delay sufficient for change, the darkening mechanism is probably confined to the small bowel.

* The color of blood-containing feces following the instillation of citrated blood at various levels of the small intestine. Gastroenterology 15:131-134, 1950.

The Employee with Myocardial Infarction

RUFUS BAKER CRAIN, M.D., MORRIS E. MISSAL, M.D., AND KATHLEEN W. WILSON*

University of Rochester, N.Y.

WITH suitable job placement and close medical supervision, nearly 80% of industrial employees may resume work after myocardial infarction.

Rehabilitation is hastened by a liberal disability program allowing plenty of time for convalescence and a gradual return to full-time activity.

In connection with an industrial study of heart disease begun in 1929, medical records covering one to twenty years from several plants of the Eastman Kodak Company were surveyed by Rufus Baker Crain, M.D., Morris E. Missal, M.D., and Kathleen W. Wilson. Using the diagnostic criteria of the American Heart Association, 184 cases of myocardial infarction were selected.

All but 3 subjects were men. About 8% died immediately after the first infarction.

The period of convalescence advised for the survivors varied from two to six months, with current trends favoring the shorter period. Work was resumed by 78.8% of the total group.

Of the 95 employees still at work at the close of the study, 75 had continued up to five years after the initial occlusion, 19 for five to fifteen years, and 1 for eighteen years.

In general, arterial hypertension cut down the proportion of workers able to take up their old jobs and reduced the length of employment. Infarction recurred more often after the first episode and life was shorter for patients with elevated blood pressure.

The company has a policy of assisting with rehabilitation. Close contact is maintained with the patients through their own physicians and visiting industrial nurses.

When the private doctor decides that occupation will be safe, the medical department of the plant arranges for an interview and examination. Before work is allowed, certain standards must be fulfilled.

Symptoms of coronary insufficiency or heart failure must be absent or slight. The infarct must be stabilized, as shown by serial electrocardiograms. Both sedimentation rate and leukocyte count must be practically normal.

The job assigned is within work tolerance and involves no risk. Every effort is made to have the patient resume his former occupation, in some instances by eliminating strenuous features. In most cases the regular wage can be assured, and the employee is not separated from his fellow workers and friends.

* The industrial employee with myocardial infarction. Arch. Indust. Hyg. & Occup. Med. 1:525-538, 1950.

Duties are undertaken on a part-time basis, and a full schedule is generally permitted in two or three weeks. Some kinds of factory work may be too hard because of lowered cardiac tolerance or nervous instability. The employee is then urged to accept a somewhat reduced income in the interests of health.

The plant medical department continues close observation for several months, with examinations every three to six months, depending on the particular circumstances. Except for emergencies, however, all treatment is by the family physician.

If possible, activities outside the plant are also analyzed. Suggestions are made to protect the cardiac worker from home responsibilities and transportation problems that might overtax him.

Under a good plan of industrial rehabilitation, few claims are made for supposed occupational damage to the heart, and compensation is rarely awarded. Skills and abilities of highly trained personnel, including department heads and executives, are frequently preserved, with great benefit to industry as well as to the men and their families.

Heparinization after Frostbite

KURT LANGE, M.D., LINN J. BOYD, M.D., AND DAVID WEINER, M.D.*

To prevent gangrene from severe frostbite, coagulation time must be kept above thirty minutes continuously for five or six days. Even brief lapses below the proper level are dangerous.

Freezing of tissues increases capillary permeability so that red cells form a solid sludge. Heparin given shortly after exposure maintains blood flow by dissolving the accumulated silt.

Various heparin schedules were compared in rabbits by Kurt Lange, M.D., Linn J. Boyd, M.D., and David Weiner, M.D., of New York Medical College, New York City. Since several strains of animals were used, different amounts of heparin were required.

Under light pentothal sodium anesthesia, a hind leg of each of 83 subjects was immersed for thirty to forty-five minutes in an alcohol–dry ice bath. Enough heparin was given to 34 rabbits to maintain coagulation time above thirty minutes for at least five days after exposure. With 17 other animals occasional dips below thirty minutes were allowed. Treatment was withheld from 32.

Some or all of the frozen tissue became gangrenous in 15% of the well-heparinized group, in 76% of animals with intermittent lapses, and in all untreated subjects.

* Prerequisites of successful heparinization to prevent gangrene after frostbite. Proc. Soc. Exper. Biol. & Med. 74:1-4, 1950.

CAPILLARY FRAGILITY and permeability with diabetes and hypertension are apparently unaffected by rutin, report C. T. Frericks, M.D., I. G. Tillotson, M.D., and J. M. Hayman, Jr., M.D., at University Hospitals, Cleveland. After one to three months, no significant differences were seen in edema fluid loss, petechiae, or retinal hemorrhages and exudates of 16 patients given 180 mg. of rutin daily and 15 who received placebos. In the test, positive pressure was applied with the Landis technic, at levels of 9 and 60 mm. of mercury, and negative pressure by Dalldorf's method.

J. Lab. & Clin. Med. 35:933-939, 1950.

CIRRHOSIS OF THE LIVER may result from prolonged oral use of Fowler's solution. Murray Franklin, M.D., William B. Bean, M.D., and Robert C. Hardin, M.D., of the State University of Iowa, Iowa City, found severe liver damage with ascites and also typical arsenical dermatitis with keratosis in 4 patients who had taken potassium arsenite regularly. Amounts of Fowler's solution given had been 3 to 10 drops three times daily for two years or more in treatment of leukemia, psoriasis, or dermatitis herpetiformis. In 2 of 4 cases, the hepatic injury was fatal.

Am. J. M. Sc. 219:589-596, 1950.

INTERMITTENT CLAUDICATION may not occur if all walking is confined to a stroll or saunter. Most affected people seen in the Hospital of the University of Pennsylvania, Philadelphia, by Meyer Naide, M.D., walk at the normal rate of 110 to 120 steps per minute, contrary to their own impression of having slowed down. Reduction of the rate of walking to 90 steps per minute or shortening the stride delays and may prevent onset of crippling pain. When only 1 side is involved, onset of claudication may be delayed if the affected leg is held stiff during use, since a limp throws weight on the other side for longer intervals and reduces muscular tension in the affected leg.

J.A.M.A. 143:968-969, 1950.

PARADOXIC PULSE, so-called, occurs not only with pericarditis but with severe asthma, pulmonary emphysema, massive pleural effusion, pneumothorax, or cardiac decompensation. Even in good health the pulse is either diminished or constant during inspiration, never increased. As editorially noted in the *New England Journal of Medicine*, forceful inspiration invariably reduces peripheral systolic pressure and may produce a paradoxic effect. The paradoxic pulse, however, consists of a disproportion between the pulse and heart action, not a reversed response to breathing.

New England J. Med. 243:990-991, 1950.

Prevention of the Dumping Syndrome

THOMAS O'NEILL, M.D.*
Sir Patrick Dun's Hospital, Dublin

THE postgastrectomy syndrome of weakness, nausea, and palpitation after meals, often with bilious vomiting and weight loss, is a jejunal response to sudden gastric emptying.

Exit of food from the stomach can be delayed and symptoms usually prevented by a type of anastomosis forming a double valve. This method may be used with resection for duodenal, gastric, or gastrojejunal ulcer; pyloric hypertrophy; and cancer.

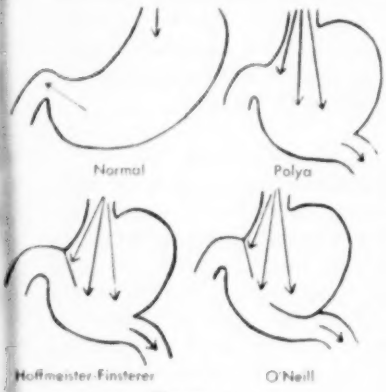


Figure 1

At Sir Patrick Dun's Hospital, Dublin, no severe dumping occurred in 50 cases in which the double valve procedure was used, and moderate symptoms developed in only 2. Considerable weight was often gained within two months after operation. Among 148 previous gastrectomies of other types, 31 produced dumping symptoms; 6 were severe.

Passage of food from the intact stomach to the jejunum is retarded by the position and caliber of the pylorus, the duodenal concavity, and the duodenojejunal flexure. The rapidity of transit is altered by various types of gastrectomy (Fig. 1).

The Polya resection with gastrojejunal attachment causes dumping symptoms in a high percentage of cases and emptying of the stomach is often equally rapid without discomfort.

The Hoffmeister-Finsterer method may produce severe jejunal reactions, although part of the food is deflected toward the greater curvature, with the result that it reaches the jejunum in a less precipitate manner than after the Polya operation. Extreme symptoms are eliminated by the Schoemaker technic. The Billroth I operation is excellent but not often feasible.

With the double-valve procedure employed by Thomas O'Neill, M.D., the stoma occupies the middle of the resected end of stomach, the remainder being closed by an upper and a lower valve. The former limits the flow of bile into the gastric remnant and prevents food from entering the duodenum.

The more important lower valve

* **The dumping syndrome. An operation for its prevention. Brit. M. J. 4669:15-18, 1950.**

retains meals in the stomach before passage to the jejunum. In addition, the efferent loop of bowel is sutured for ½ in. along the greater gastric curvature to prolong delay.

For duodenal or recurrent ulcer at least five-sixths of the stomach is removed. Along the line chosen for anastomosis, 2 Payr's clamps are placed. The distal part of the stomach is resected flush with the upper clamp, but a fringe is left on the lower.

The upper clamp is removed, and the cut end of the stomach is closed with 2 layers of 00 chromic catgut, the end of the final layer being retained as a stay suture.

The mesocolon is slit along a line extending outward from a point about 1½ in. from its root. The corner corresponding with the root is sutured to the posterior wall of the stomach, opposite the tip of the Payr clamp. Only the posterior layer of sutures is inserted, those on the end being retained for traction. The previous stay suture is removed.

The jejunum is drawn through the mesocolic rent and stitched along the full length of the posterior cut edge of the stomach. The fringe left on the clamp is excised, and the clamp is taken off; at this stage the edges do not gap. The lower half of the stoma is buried in 2 layers, and Duval's tissue forceps are placed on the upper half.

The operative field is packed off with sponges, an opening the size

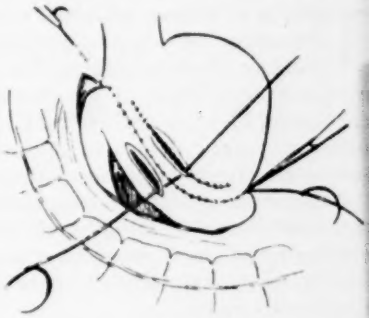


Figure 2

of the gastric stoma is made in the jejunum, and the anastomosis is completed (Fig. 2). The original gastrojejunal suture is continued along the anterior edge of stomach and jejunum, and the hole in the mesocolon is closed.

After construction of the valves, the original cut end of the stomach assumes a gentle convex curve lying in a corresponding jejunal concavity.

DIAGNOSIS OF ACUTE PANCREATITIS should be considered whenever a single gas-distended loop of small bowel is observed on the roentgenogram of the abdomen. Although the sentinel loop may appear with other abdominal diseases and does not occur in every instance of acute pancreatitis, Aaron I. Grollman, M.D., Sander Goodman, M.D., and Archie Fine, M.D., of the University of Cincinnati found the distended loop, usually in the left upper abdominal region, to be reliable evidence in 8 cases. A serum amylase determination may confirm diagnosis.

Surg., Gynec. & Obst. 91:65-70, 1950.

Cardiac Arrest on the Operating Table

FRANK H. LAHEY, M.D., AND URBAN H. EVERSOLE, M.D.*
Lahey Clinic, Boston

TIME is of utmost importance in treatment of acute circulatory collapse during surgery, since complete deprivation of oxygenated circulating blood to the cerebral tissues for longer than five minutes results in irreversible brain damage.

As soon as asystole is recognized, treatment should be initiated for true cardiac arrest, even though the possibility of a hypersensitive carotid sinus reflex exists.

By the time preparations for cardiac punctures are completed, the heart beat will be reestablished if the condition results from a carotid sinus and the precipitating stimulus is removed. Carotid sinus reflex is rarely fatal; heart action usually is resumed spontaneously in less than thirty seconds to one minute after removal of the stimulus.

Since the heart action may be active even though peripheral circulation has apparently ceased, Frank H. Lahey, M.D., and Urban H. Eversole, M.D., recommend immediate insertion of a needle into the heart when cardiac arrest is suspected. This maneuver serves to detect the presence of a faint heart beat that may be incapable of producing a palpable peripheral pulse and also provides sufficient stimulus to start the heart beating perceptively.

If, after the needle is inserted, no heart pulsation is detected, the routine treatment for cardiac arrest is instituted. For this purpose, a tray containing 2 of each of the following articles should be readily available in the operating room: sterile 5-cc. syringes, 4-in. 22-gauge heart needles, 20-gauge 1½-in. needles for aspirating solution from ampules, 5-cc. ampules of 1% procaine, 1-cc. ampules of 1:1,000 epinephrine, and sterile files for opening glass ampules. All equipment is kept in duplicate in anticipation of breakage or contamination.

The surgical nurse draws 4.75 cc. of the 1% procaine plus 0.25 cc. of the 1:1,000 epinephrine into one of the 5-cc. syringes and then attaches the cardiac needle. The surgeon introduces the needle into the heart chamber, usually the right ventricle, through the left fifth intercostal space. When blood is aspirated, the solution is injected rapidly.

In the meantime, the anesthetist institutes artificial respiration with 100% oxygen, lowers the head of the patient, and starts intravenous fluids. If thirty seconds after the injection of the procaine-epinephrine solution, a spontaneous heart beat is not evident, a second injection is made.

While the surgeon performs the cardiocentesis, an assistant prepares

* Differentiation of hypersensitive carotid sinus reflex and cardiac arrest on the operating table. Lahey Clin. Bull. 6:226-230, 1950.

the chest for thoracotomy. If cardiac pulsation does not start thirty seconds after the first injection, cardiac massage must be instituted immediately.

If neither the chest nor the abdominal cavity is open, an incision is made between the fourth and fifth ribs on the left and the costal cartilage of the fifth rib divided near the sternum. Gentle massage is performed at a rate of 20 to 30 contractions per minute until effective spontaneous heart beats are established.

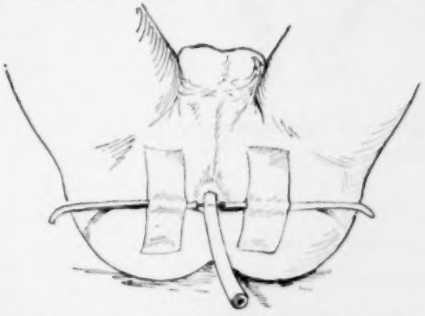
Rectal Tube Holder

EUGENE A. GASTON, M.D.*

AFTER rectal or lower sigmoid anastomosis, the bowel is often decompressed by a rubber catheter passed through the anus to a point in the colon above the line of union.

An efficient and hygienic method of holding the tube in place is described by Eugene A. Gaston, M.D., of Boston University (see illustration).

A fine Kirschner wire is run transversely through the catheter a short distance from the anus. The point is cut off so that each end of the wire extends 3 or 4 in. beyond the tube. Sections of a No. 10 or 12 French rubber catheter are drawn over the exposed wire and cut to leave a spare inch of rubber beyond each wire tip.



The buttocks are cleaned thoroughly with ether, covered generously with tincture of benzoin compound, and allowed to dry. The rubber-cushioned wire is then strapped to the skin at a little distance from the anus with 2 bands of adhesive tape 3 or 4 in. wide.

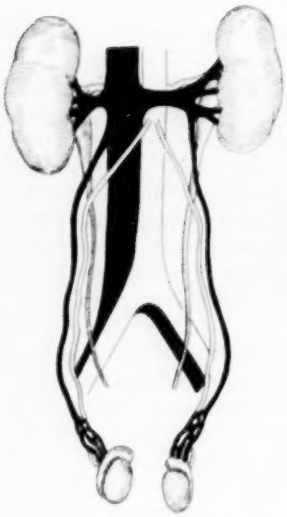
Properly applied tape does not become unduly soiled and holds the tube in place as long as desired. Surrounding areas are easily cleaned, and the adhesive can be changed without removing the rectal tube.

The fine wire does not obstruct the lumen. With the rubber sheath and the slight lateral mobility provided, shift of position and early walking are comfortable and safe.

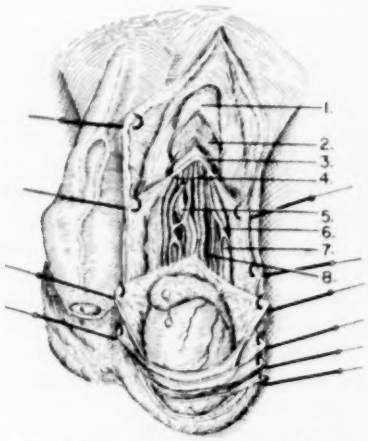
* A simple and effective method for holding a rectal tube in place following surgery. Surgery 27:699-700, 1950.

Varicocelectomy

F. M. Al Akl, M.D.
Kings County Hospital, New York

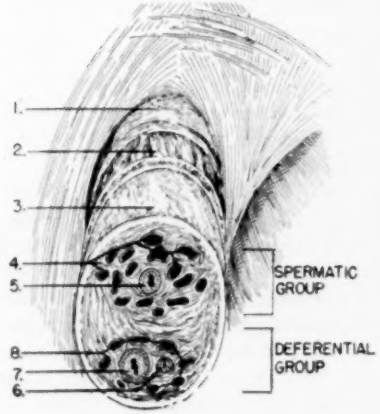


Right and left spermatic veins



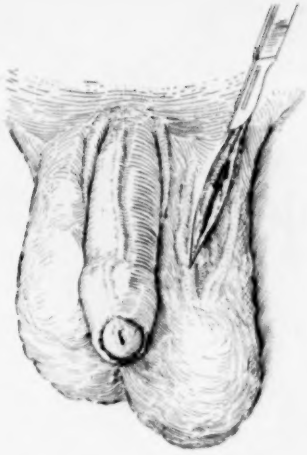
Structures and coverings of spermatic cord

1. External spermatic fascia
2. Cremaster muscle and fascia
3. Internal spermatic fascia
4. Pampiniform plexus of veins
5. Spermatic artery
6. Deferential artery
7. Vas deferens
8. Deferential veins



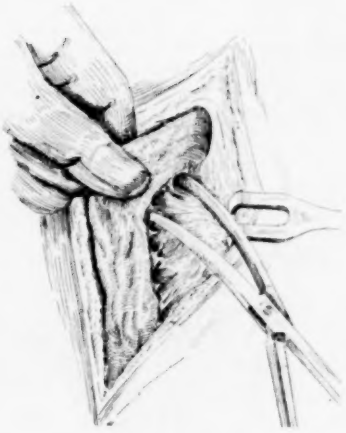
Cross-section of spermatic cord

KEEP THIS PICTURE IN MIND



1. Incise skin over spermatic cord from external inguinal ring down to a distance of 6 cm.

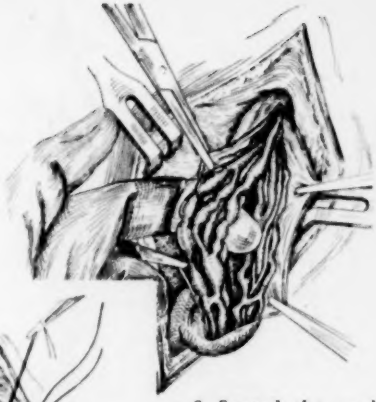
2. Retract skin and continue incision through subcutaneous fat and fascia down to spermatic cord.



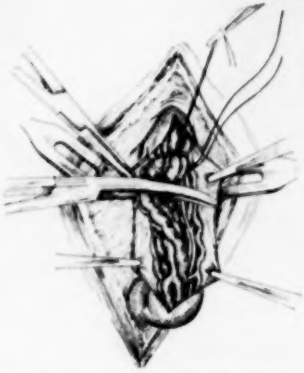
3. Pick up cord and isolate it from surrounding fat, then deliver it into wound.

4. Incise enveloping external spermatic fascia and underlying cremaster layer down to internal spermatic fascia.

5. Pick up internal spermatic fascia between thumb forceps and incise it longitudinally exposing cord structures.



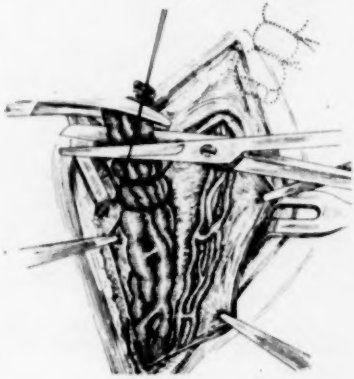
6. Spread the cord structures over finger. Separate the spermatic group of varicose veins that lie anteriorly from vas deferens and accompanying vessels lying posteriorly.

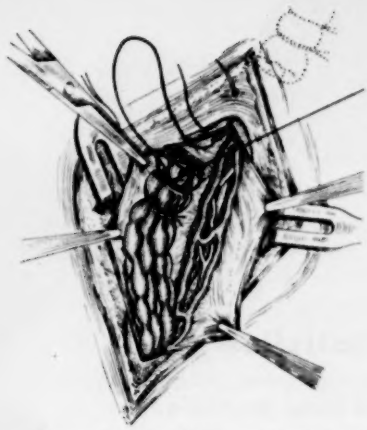


7. Continue the separation toward external ring, then clamp across spermatic group and surrounded spermatic artery. Pull out on clamp, then doubly ligate veins as high as possible.

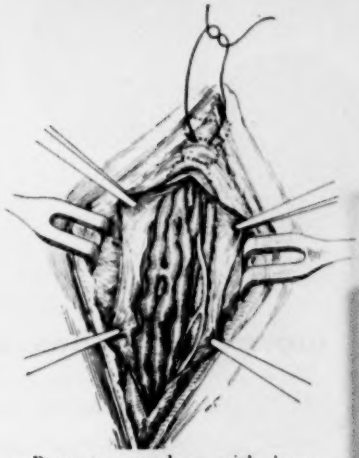
8. Cut between ligatures and clamp. Cut ligatures and allow proximal end to retract beyond external ring.

9. Lift the testicle slightly higher than that opposite. Then transfix and tie venous mass distal to clamp at the level of the external ring. Section and discard segment of excess veins.

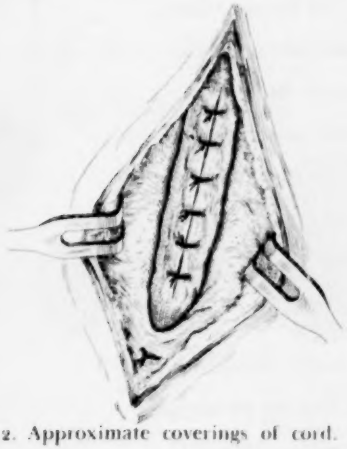




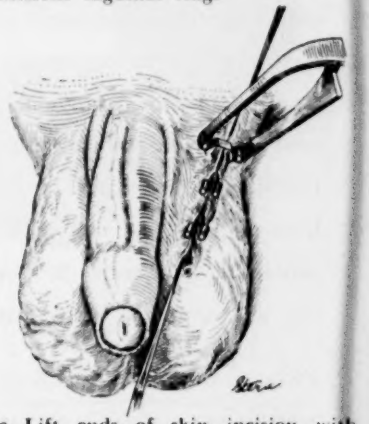
10. Pass needle on ligature into external ring and bring it out over external oblique aponeurosis.



11. Repeat procedure with loose end of ligature, then tie ends together over external inguinal ring.



12. Approximate coverings of cord.



13. Lift ends of skin incision with hooks and close skin with clips.

NOTES

Treatment of varicose veins of the spermatic cord is not entirely satisfactory. Recurrences are common. Hydrocele may result from interference with venous drainage, and the sacrifice of the spermatic artery may lead to atrophy of the testicle. For these considerations and because the condition may improve with conservative treatment, a suspensory should be given ample trial, with surgery reserved for cases where the veins are of extreme size and cause real discomfort.

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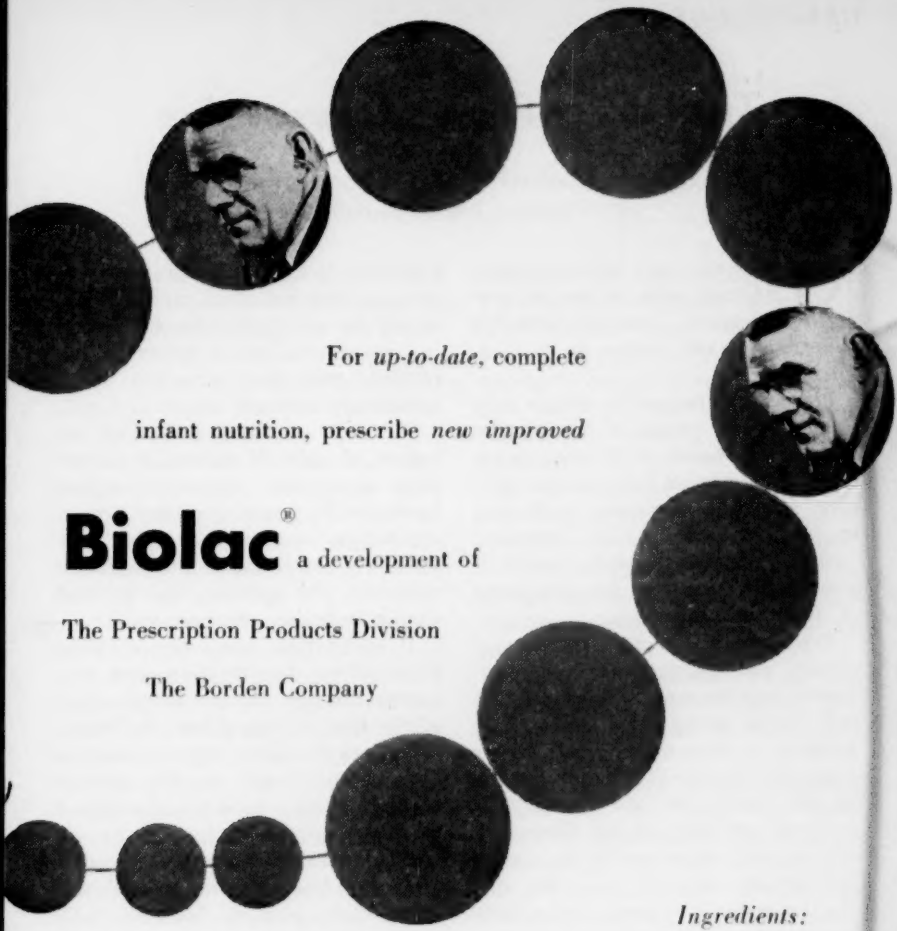

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Treatment of Primary Dysmenorrhea

EMIL NOVAK, M.D.*
Johns Hopkins University, Baltimore

MENSTRUAL pain without organic cause may be due to psychogenic, constitutional, or endocrine factors, alone or in combination.

Primary dysmenorrhea occurs only in ovulatory menstrual cycles, explains Emil Novak, M.D. Since ovulation may not begin for a considerable time after the menarche, pain and ovulation sometimes start simultaneously a few months and possibly a year or two after the commencement of functional bleeding.

Psychogenic influences often exaggerate and perpetuate discomfort. Faulty explanation of menstruation may cause young girls approaching puberty to expect pain. Periods are especially dreaded if other women in the family set the example by going to bed every month. Often girls are warned what not to do during the menses, but are not told that the function is natural and should not interfere with ordinary activities.

Debilitating circumstances of any kind that lower the threshold of pain may initiate or intensify symptoms. The general health should be improved by good hygiene, including sufficient recreation, hematinics, and other constitutional measures.

The hormones progesterone and testosterone, once popular in treatment of periodic pain, have almost been abandoned for such therapy. Estrogen given in the preovulatory phase of the menstrual cycle is practically the only endocrine factor still in use. Ovulation is generally inhibited, and symptoms are correspondingly reduced.

The type of therapy depends on degree of pain. If distress is moderately severe and limited to a few hours or the first day of the period, the patient is assured that her condition is not serious. Stilbestrol is withheld, but codeine, aspirin, and similar remedies are prescribed.

If severe pain starts one or more days before menstruation and continues through one to several days of the flow, a 1-mg. tablet of diethylstilbestrol is taken nightly. Medication should begin on the first or second day of a period and continue about two weeks.

The menstrual flow may become irregular, but the next period will be relatively painless. Since the habit of invalidism should not be fixed, bed rest is discouraged. Hormone treatment is allowed for two or three months in succession, then discontinued for a time and repeated. Between courses analgesics are given.

In a few cases intractable suffering undermines morale and prevents continuous employment. If all conservative methods have been unsuccessful, presacral sympathectomy may be done.

* The problem of primary dysmenorrhea. New Orleans M. & S. J. 102:591-594, 1950.

Acute Appendicitis During Pregnancy

EDWIN S. HOFFMAN, M.D., AND MASAMICHI SUZUKI, M.D.*
Grace Hospital, Detroit

WHEN appendicitis has been diagnosed in a woman of childbearing age, the appendix should be removed as a prophylactic measure. Excision of healthy tissue is better than to risk an attack during pregnancy.

If appendicitis occurs after conception, Edwin S Hoffman, M.D., and Masamichi Suzuki, M.D., believe that the only contraindication to surgery is rapidly spreading peritonitis.

Acute appendicitis developed in 23 of 21,682 pregnancies observed in a five-year period, an incidence of approximately 0.1%. Operation was done in all but 2 instances. Only 1 mother died, but abortion or premature labor was precipitated in nearly one-third of cases. Including immediate and delayed effects, fetal mortality was 43%.

Symptoms of appendicitis during gestation are often confusing because of intestinal displacement. Normally, the enlarging uterus slowly pushes the base of the appendix beyond McBurney's point to a site above the iliac crest at term. The diseased area may be near the right kidney. In nearly two-thirds of cases, acutely inflamed appendixes are either retrocecal or fixed by adhesions. In most cases nausea, vomiting, muscle spasm, rigidity, and fever develop. The leukocyte count and the sedimentation rate usually increase.

Differential diagnosis of appendicitis becomes more complex with progress of gestation. During the first trimester, ectopic pregnancy, salpingitis, early abortion, ovarian tumor, and renal or ureteral stone must be excluded.

In the subsequent three months, nephritis, pyelitis, and carbuncle of the kidney should also be considered, as well as gallbladder disease, intestinal obstruction, peptic ulcer, and mesenteric lymphadenitis or thrombosis.

Additional possibilities of the last trimester are premature labor, placenta previa, abruptio placentae, and eclampsia.

When marriage is contemplated, women who have had 1 or more attacks of appendicitis should have an operation. Expectant mothers still subject to recurrence should be watched closely for signs and symptoms of infection.

During the first six months of pregnancy, appendicitis is generally easily recognized, and surgery does not threaten the mother's life. In the last trimester symptoms are more difficult to interpret, but in doubtful cases the appendix should be removed. As a rule the procedure should not include cesarean section.

After the seventh month, infection is seldom walled off. If the appendix

* Acute appendicitis in pregnancy. West. J. Surg. 58:147-158, 1950.

ruptures, local peritonitis will soon develop and usually progress to a generalized process with invasion of lymphatics.

Surgery undertaken more than eight hours after perforation is futile. Even if initially effective, a drain would be blocked in short order by omentum and intestines.

Penicillin should be given every two hours in doses of 100,000 units until the condition improves, then decreased to 50,000 units. If local or generalized peritonitis is not discovered until operation, penicillin in the same amounts, streptomycin, or both should be employed. Morphine is used liberally.

Carrot Soup for Infantile Diarrhea

PER SELANDER, M.D.*

SEVERE diarrhea of babies and acute enteritis of older children or adults may be checked by carrot soup.

In addition to pectin, minerals invaluable for dehydration and acidosis are supplied. The formula employed by Per Selander, M.D., of the Flensburg Children's Hospital, Malmö, Sweden, is suitable even for a premature infant of 1,200 gm.

Soup is prepared daily. Fresh carrots totaling 500 gm. are washed, scraped, chopped fine, and cooked under pressure with 150 cc. of water for fifteen minutes. All the pulp is forced through a fine strainer and diluted with hot water up to 1 liter, and 3 gm. of common salt is added.

A preparation of the usual consistency is given by spoon. For tube or bottle feeding, the soup is diluted with one-third fluid such as tea or Ringer's solution.

Children with diarrhea receive carrot soup for seven to ten days. During the first twenty-four hours as much as possible is administered. The next day the youngest infants are given skim breast milk and the others skim citric acid milk amounting to one-fifth the caloric requirement. Milk is then increased daily and the carrot mixture gradually reduced. Parenteral fluid is seldom necessary.

After twelve hours of treatment the condition often improves dramatically, and in twenty-four hours the stools are dry and bulky, consisting of yellowish red, voluminous masses of carrot. Vomiting stops, acidosis and symptoms of dehydration disappear, appetite returns, and the usual milk formulas are well tolerated.

Carrot soup was given in 450 cases of diarrhea, with mortality of 2%. In Sweden, however, epidemic diarrhea of the newborn is unknown and *Salmonella* or dysentery infection rare.

* Carrot soup in the treatment of infantile diarrhea. J. Pediat. 36:742-745, 1950.

Treatment of Enuresis by Alarm Device

J. ROMANES DAVIDSON, M.D., AND ERNEST DOUGLASS, L.C.S.T.*
Orphan Homes of Scotland, Bridge of Weir, Scotland

BED wetting may be cured by a wired pad and bell that awaken the child when micturition starts.

The device, which was first described in 1938, has been modified by J. Romanes Davidson, M.D., and Ernest Douglass, L.C.S.T., and evaluated in a children's institution. The rationale of the method is production of a conditioned reflex in the patient.

A pad of two bare nickel wires, ½ in. apart, stitched in a circular pattern to a rubber sheet 24 by 18 in., is placed on the bed under a sheet. Another rubber mat beneath the pad protects the mattress. The bed must be of firm design to prevent sagging.

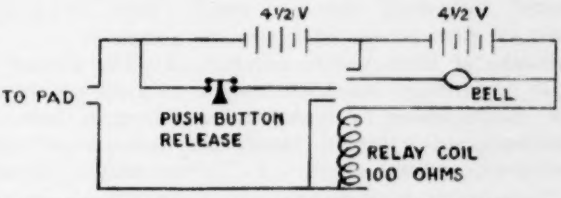
The wires are led out by means of a plug connector to a bell-box containing two 4½-volt batteries, the nine volts being connected in series with the pad and the coil of a relay of 100 to 200 ohms resistance. The relay is made to operate two contacts—one completes a circuit of one battery and a suitable bell, the other is in series with a push button release—and both are in parallel with the pad (see illustration).

As soon as urine wets the pad, the relay closes the two contacts, one ringing the bell and the other closing the relay circuits until released by the push button.

The bell rings and awakens the child, who, according to prearranged instructions, gets up, pulls the plug, and presses the button which releases the bell. Then the child goes to the toilet.

Immediate arising on the sound of the bell is mandatory. In actual practice, two pads are given to each patient, the spare pad to be used after removing the wet one; thus if a second wetting occurred during the night, the bell would ring again. The apparatus is removed after the child has been dry for three weeks, when in most cases bed wetting ceases.

Functional enuresis can be classified as of two kinds: primary and secondary. As the bed wetting persists with attendant unpleasantries, the enuresis no longer is a result of unfavorable circumstances alone, but becomes a stimulus to greater anxiety and tension. The apparatus offers a mode of breaking this vicious cycle.



* Nocturnal enuresis: a special approach to treatment. Brit. M. J. 4666:1345-1347, 1950.

Torulosis of Central Nervous System

WILLIAM H. MOSBERG, JR., M.D., AND JAMES G. ARNOLD, JR., M.D.*
University of Maryland, Baltimore

THE alleged rarity of torula meningitis is largely attributable to failure to recognize the disease. The chronic inflammatory condition caused by invasion of the central nervous system by the fungus *Cryptococcus neoformans* is often confused with other diseases.

When cerebrospinal fluid shows unaccountable pleocytosis, William H. Mosberg, Jr., M.D., and James G. Arnold, Jr., M.D., believe that torulosis should be suspected. Organisms are nearly always found by routine culture on Sabouraud's medium, though isolation may require repeated trial, with incubation of each culture for at least one month.

Of 5 cases observed, 4 were recognized before death. No treatment has been proved effective, yet alkalinization in 1 instance was followed by remission and no postmortem evidence of recent infection was found. The same treatment in a second case apparently produced a temporary remission and in a third case, no effect at all.

To date, 172 cases have been reported. Neurologic signs and symptoms are protean and may give impressions of brain tumor, subarachnoid hemorrhage, subdural hematoma, brain abscess, encephalitis, or meningitis of pyogenic, luetic, tuberculous, or viral origin.

In some cases infection is systemic. Involvement may be limited to the nasopharynx, tongue, pubic bone, lungs, skin, subcutaneous tissue, or pelvic and inguinal region.

Temperature rarely exceeds 101° F. and is often normal. The pulse rate may be slightly accelerated, normal, or between 40 and 50 per minute. The white blood cell count is normal or a little high, possibly with increase in lymphocytes.

Cerebrospinal fluid is usually though not invariably under high pressure, opalescent, and yellowish. The cell count and lymphocyte proportion are commonly elevated. Spinal fluid sugar and sometimes chlorides are diminished, and protein is generally high.

For diagnosis, the organism must be identified in the cerebrospinal fluid, yet the first microscopic examination usually fails, and in many cases several cultures must be made. Unfortunately, the fungous growth may be mistaken for a contaminant and the culture thrown out. Sometimes, *Torulae* are cultivated from blood, urine, sputum, or skin scrapings.

The course usually lasts one to six months but in some instances as long as four, five and a half, or seven years, and in others less than a month. Torulosis varies greatly in

* Torulosis of the central nervous system: review of literature and report of five cases. Ann. Int. Med. 32:1155-1189, 1950.

severity yet is practically always fatal.

Associated conditions include leukemia, diabetes, verrucous endocarditis, histoplasmosis, and in a recent case, moniliasis. Hodgkin's disease is most often reported as coexisting, but the *Torula* fungus produces the same type of granulomatous lesions.

Many forms of treatment are used, and apparent response to any is generally nullified by failure in other cases.

For alkalinization therapy, dietary chloride is restricted. Sodium bicarbonate is given in doses of 80 gr. per day orally and 7.5 gm. intravenously, and 12 drams of citrocarbonate is taken orally. Daily amounts may be gradually increased to 400 gr. of sodium bicarbonate orally and to 28 gm. intravenously, with 16 drams of citrocarbonate.

Torula antigen or mapharsen may be helpful. However, a patient has been known to continue to work with no therapy, but aspirin and lumbar puncture. Agents apparently impotent are the sulfonamides, penicillin, Furacin, and streptomycin. Effects of hyperthermia are equivocal.

Technic for Gallstone Visualization

GEORGE LEVENE, M.D., AND CHARLES B. PERKINS, M.D.*

OCCASIONALLY gallstones are demonstrable by laminography of the right upper quadrant after other radiographic methods have failed. Radiolucent as well as radiopaque stones can be shown by laminograms.

George Levene, M.D., and Lt. Col. Charles B. Perkins, M.C., U.S.A.F., of Boston University employ the following procedure for gallstone laminography:

The patient lies prone, with the left hand by the side and the right hand near the face to hold the nose and assist in suspending respiration. To insure immobilization of the trunk, a balloon compressed by a binder is placed under the patient.

The depth from the table top to the region of the suspected stone is estimated by the roentgenologist. Films are then made to emphasize the estimated level, usually at distances of 4, 6, and 8 cm.

After the films are interpreted, additional exposures at 1- or 0.5-cm. intervals may be desirable. The usual exposure is 100 MA, 65 to 68 KV, 36-in. distance, 1.5 seconds.

Laminography is more time consuming than a simple spot film of the gallbladder area. However, the added accuracy of gallstone visualization makes the technic worth while.

* The value of laminography in the difficult gallbladder problem. Am. J. Digest. Dis. 17:240-242, 1950.

The Explosion Hazard

ROBERT B. ORR, M.D.*
Lahey Clinic, Boston

EXPLOSIONS in the operating room are infrequent, but constant vigilance is required to prevent such disaster.

Three factors are necessary for an explosion: [1] an inflammable gas vapor, [2] oxygen, and [3] a source of ignition. Most of the measures for the prevention of explosions have been directed to the third factor, since oxygen must be used and all the hydrocarbon gases used for anesthesia form inflammable mixtures with oxygen.

Sources of ignition are divided by Robert B. Orr, M.D., into the following four general groups:

Open flame or hot body—Most cases of explosion in this group result from the use of cautery in an atmosphere of an inflammable or explosive agent. The cautery should never be employed near the head, neck, chest, or the respiratory tract when inflammable anesthetics are administered.

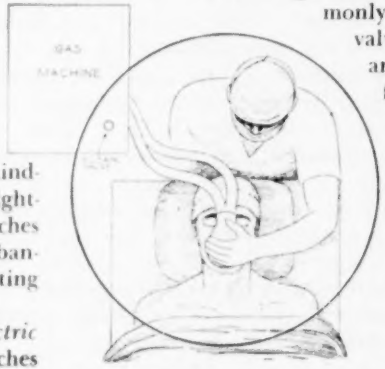
Obviously any kindling agents such as lighted cigarets or matches are to be absolutely banned from the operating room at all times.

Spark from electric power circuit—Switches and connections for electric appliances and portable electric equipment used in the operating room should be spark-proof. Endoscopic apparatus and all electric equipment must be frequently inspected and kept in proper condition.

The permission of the anesthetist should be obtained before an electric device is connected during an operation.

Electrostatic discharge—Ignition by an electrostatic discharge is the cause of more explosions than any other factor. No electrostatic charge can build up unless the source is insulated. Consequently, if all materials are conductive, electrostatic charges will be immediately equalized.

Under ordinary conditions of administering anesthetic gases, explosive concentration forms within 2 ft. from a gas leak. Gas leaks most commonly occur at the escape valve, between the mask and the patient's face, from the breathing tubes and the patient's respiratory tract after the mask has been removed, and from defects in the gas channels of the anesthesia apparatus.



The four bodies

* The explosion hazard. S. Clin. North America 30:751-759, 1950.

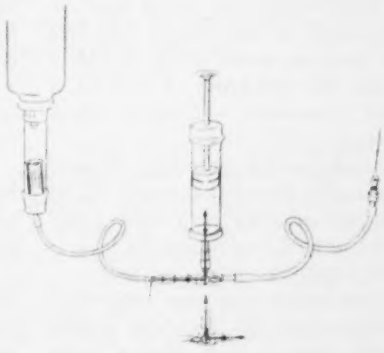
located in this danger zone are the anesthetist, the anesthesia machine, the patient, and the operating table. If these objects are electrically intercoupled, sparks are not likely to occur and the possibility of an explosion is limited. The Horton intercoupler was developed to fulfill this need.

The device consists of a small metal case containing a network of resistors arranged so that the resistance between any 2 bodies in the intercoupled group is of the order of 1 megohm. The case is usually attached to the anesthesia machine, and wires run to the patient, the table, and the anesthetist. All connections should be made before the valves from the gas tanks are opened and be maintained until after the mask has been removed at the end of anesthesia and the explosive gases have been flushed from the machine and the patient. If the anesthetist leaves the danger zone he should remove his connection as far as possible from any potential leak and, upon returning, touch some remote part of the intercoupled field.

As further precautions against electrostatic discharge, a high relative humidity should be maintained and woolen blankets and wool and silk outergarments should not be allowed in the operating room. Parts of the anesthesia apparatus should not be removed during anesthesia and rubber parts should be conductive. Visitors should not come in contact with any object in the danger area.

Spontaneous combustion—To avoid spontaneous combustion, no equipment should be used which might permit the intermingling of gases, either through defects in the mechanism or through error in manipulation.

BLOOD TRANSFUSION can be forced through a 21- or 22-gauge needle by a closed method utilizing a syringe and three-way valve (see illustration). John S. Lundy, M.D., of the Mayo Clinic, Rochester, Minn., attaches a B.D. No. 5031/S Sana-lok syringe holding 10 cc. to a bottle of blood with filter dropper. This is about the largest syringe that can be conveniently used without exposure to contamination. The valve is turned to fill the barrel, again turned to shut off the bottle, and the syringe is emptied into the vein. The procedure is repeated until the desired amount is injected.



Proc. Staff Meet., Mayo Clin. 25:334, 1950.

Treatment of Eyelid Deformities

FREDERICK A. FIGI, M.D.*
Mayo Clinic, Rochester, Minn.

REPARATIVE procedures about the eyelids are among the most difficult in the field of plastic surgery, but postoperative function and appearance are fairly good, as a rule.

After injury, Frederick A. Figi, M.D., apposes wound margins and applies a firm pressure dressing. When the lid is severely lacerated, tissue should be replaced at once rather than in a second stage. The delicate structure is seldom accurately restored, but scars are usually inconspicuous, unless the patient has a keloid tendency.

Coloboma, or vertical cleft, may barely nick the palpebral border or pierce the tarsal plate. The edges of a small defect are pared and approximated. If the fissure involves more than one-third of the eyelid, a flap the full thickness of the lid is rotated downward and drawn transversely.

A weak levator palpebrae muscle occasionally allows the upper lid to droop and interfere with sight. Function is restored by joining the levator to the superior rectus tendon.

For traumatic and most congenital blepharoptoses, the frontalis muscle is used. From 1 to 3 narrow strips of fascia lata are inserted through a 1-cm. incision just above midbrow and attached as slings to the lower tarsal plate.

A fold of skin partly or entirely covering the inner canthus is usually congenital and at times accompanied by ptosis and lateral shortening of the palpebral fissure. A series of Z or V-Y incisions should be made, and in some cases redundant tissue is cut away. Subsequently, the external canthus is opened and ptosis eliminated.

Benign tumors may involve a few millimeters of the eyelid or a much wider area, sometimes both lids and much of the face and scalp.

Small hemangiomas are excised. Strawberry capillary lesions should be eradicated in infancy by radiation. Port-wine patches are concealed with cosmetics or replaced in adult life with thin skin grafts. Cavernous hemangiomas of the lids and adjacent areas may be irradiated during a child's first year or later. For an adult, electrocoagulation is more effective.

Extensive pigmented moles should be excised and tissue replaced immediately, if possible, by free skin grafts, a pedicle flap, or both.

Neurofibroma may crowd the orbit and conceal the eye with a huge grotesque soft mass. Often a part of generalized involvement, the tumors are seldom extirpated, but growth is not increased by partial removal.

Upper, lower, or both eyelids may be everted by a scar, chronic inflam-

* Treatment of deformities of the eyelids. Proc. Staff Meet., Mayo Clin. 25:330-333, 1950.

mation, senile changes, paralysis, or muscle spasm. To prevent cicatricial ectropion, tissue destroyed by severe burns or extensive operation should be restored before healing, unless malignant recurrence is likely.

Eversion produced by a small scar may disappear naturally or after irradiation. Persistent traction scar is freed, and a thin graft of hairless skin is applied. If the everted lid is stretched and relaxed, a wedge is cut and the edges are sutured together. Ectropion with facial paralysis may also require a fascial sling to unite the temporal muscle of the same side with the frontalis on the opposite side.

Partial or complete loss of the eye lid most commonly results from surgery of malignant tumor. Immediate repair of defects is possible only if the growth was well localized.

In general, small epitheliomas of the lid margin should be removed with a V-incision instead of by electrocoagulation or irradiation. At either canthus, however, electrocoagulation leaves the least prominent scar.

When more than a third of the eyelid is lost, the Dupuy-Dutemps operation is done with use of the opposite normal lid. Reconstruction may begin immediately or after delay of several months.

POSTFENESTRATION PAIN, dizziness, pressure, tinnitus, and deafness in the repaired ear often occur several months or years after operation. George E. Shambaugh, Jr., M.D., of Chicago, believes that labyrinthine hydrops results from surgical sensitization to histamine. From 1 to several minute doses of histamine will give relief in about 3 of 5 cases. As a rule, 0.1 cc. of a 1:100,000,000 dilution is injected subcutaneously once or twice a week, and in some cases drops are also placed under the tongue twice daily. A salt-free diet with potassium chloride may be helpful.

Arch. Otolaryng. 51:781-785, 1950.

VOCAL CORD PARALYSIS may occur without any anatomic lesion. Emil Glas, M.D., of New York Post-Graduate Hospital, New York City, has observed 5 patients with the right cord fixed between maximum abduction and adduction; no pathologic condition of the neck or chest could be demonstrated. In every case, however, pressure between the trachea and the esophagus along the inferior laryngeal nerve caused a slight pain, which is apparently pathognomonic for this condition. In this idiopathic paralysis, the abductor and the adductor fibers appear to be involved simultaneously by neuritis so that a cadaveric cord is produced immediately. Complete recovery can be obtained by means of faradic stimulation.

Arch. Otolaryng. 50:612-615, 1949.

Prevention of Deafness

EDMUND PRINCE FOWLER, M.D.*
Manhattan Eye, Ear and Throat Hospital, New York City

TECHNICS available to both general and otologic practitioners make possible early diagnosis of many disorders leading to deafness. Prompt treatment may prevent serious aural damage.

The most practical method for detection of impending or beginning otosclerosis, states Edmund Prince Fowler, M.D., would be routine yearly tests of school children and, whenever feasible, examination of adults.

The tendency to otosclerosis is inherited, and lesions may be induced by emotional or endocrine disturbance or by severe illness. Warning signs are loss of 10 to 15 decibels or even less; tinnitus, although faint or inconstant; absence of wax and hairs in the external auditory canal, exostoses, or a pinkish glow on the promontory; abnormal vascular and cough reflexes; blue sclera; and emotional instability.

Familial deafness may remain latent if environment is favorable. Members of affected families should be examined thoroughly by otologic and laboratory methods. Tests include the basal metabolic rate, blood cell and differential count, and estimations of serum calcium, phosphorus, cholesterol, and chlorides. Endocrine and mineral metabolism should be stabilized.

A person with a known deficiency should not marry anyone with the same type of lesion. Marriages of the deafened are permissible, however, if the defects are different, for in such cases transmission is less likely.

Impairment of hearing is seldom preventable if inherited. Yet many congenital defects result from intrauterine accidents, maternal infections, toxins, or metabolic disorders, and from drugs given the pregnant mother.

Young undifferentiated tissue of the fertilized ovum is extremely susceptible to viruses. The expectant mother should be protected from infection of all kinds, especially rubella in the first three months of gestation. If acquired in the middle of the first trimester, the disease affects almost 100% of offspring. As prophylaxis, young girls might be deliberately exposed to rubella.

Among contagious diseases of childhood, scarlet fever is particularly dangerous to hearing. Treatment has been revolutionized by the Dick test and modern drugs. If given in time, antitoxins or globulins may prevent crippling sequelae.

Susceptibility to whooping cough is shown by skin tests, and infants two or three months old can be immunized by whole antigen. Complications of pertussis may be reduced by hyperimmune serum and globulin, sulfonamides, and penicillin.

* Prevention of deafness. Arch. Otolaryng. 51:42-48, 1950.

Mumps often causes total deafness by affecting the ear or brain. Infection without glandular swelling is shown by complement-fixation or skin tests. Convalescent serum should be given early and children kept in bed until danger is past.

Encephalitis or meningitis complicating measles, as with any disease, may destroy hearing. Infection should be avoided or virulence reduced by gamma globulin. At the first indication of a labyrinthine or brain involvement, massive doses of penicillin or sulfonamides should be given. If medical treatment fails, hearing may be saved by operation.

In therapy of lesions causing deafness, several measures may be combined. Conditions likely to cause hearing defects may be eradicated by irradiation, surgery, or use of antibiotics, antianemic drugs, hormones, or vitamins. Drug reactions should be averted and otitis media treated personally, never by telephone.

Congenital Blue Spot

DOUGLAS D. PERRY, M.D.*

MONGOLIAN spot occurs in all races, although most characteristic of the yellow race. The incidence appears to be different for each race. Douglas D. Perry, M.D., of St. Luke's Hospital, New York City, maintains that congenital blue spot is a preferable name for the blemish.

The spot is always benign and requires no treatment but often must be explained to the parents. The etiology is obscure but may be related to the endocrine changes of pregnancy. The blemish is not proof of the presence of Mongolian blood.

The mark is a localized area of abnormal skin pigmentation occurring usually in the lumbosacral region. Present at birth, or shortly thereafter, the spot fades with age and usually disappears by the eighth year. The color varies from light blue in European children to intense black in Negroes and Eskimos. The spot is single or multiple, isolated or joined. The size ranges from a few millimeters to over 5 cm. in diameter.

Parents may mistake the blue spot for a bruise. However, pressure accentuates the color. Occasionally the discolored area persists to adult life and must then be distinguished from a blue nevus and melanosarcoma.

Histologically, the congenital blue spot contains bands of cutaneous melanoblasts lying in the corium parallel to the skin surface. The usual skin pigment granules are in the basal layer of the epidermis and on the surface of the corium.

* The Mongolian spot. Arch. Pediat. 67:231-234, 1950.

Cystograms of the Ruptured Bladder

GEORGE C. PRATHER, M.D., AND THOMAS F. KAISER, M.D.*
Boston City Hospital

AUTOMOBILE injuries are steadily increasing the number of pelvic fractures. Although broken bones are easily diagnosed, complicating vesical rupture is often hard to detect.

The mortality rate quadruples if the bladder is not repaired within twenty-four hours. In suspected cases, George C. Prather, M.D., and Thomas F. Kaiser, M.D., obtain a retrograde cystogram. Rupture is almost always shown by a teardrop-shaped bladder with opaque fluid escaping through the rent.

The long narrow configuration results from pressure of surrounding blood, urine, or both, and probably in part from detrusor muscle spasm. The shape may appear with any extensive pelvic hemorrhage above the levator ani muscles and also with abscess and does not indicate rupture unless the escaped medium can be seen outside the bladder.

Fractures associated with vesical rupture are usually due to violent injury, as when someone is caught between two vehicles, run over, or involved in a head-on automobile collision. The pelvis may be crushed laterally or front to back.

The bladder is vulnerable in proportion to the degree of distention, but even an empty sac is not immune to perforation from bony edges or strains on the bladder's ligamentous moorings.

A tear may be plugged temporarily by blood clot or bowel. However, urine may invade subcutaneous spaces to the knees or the umbilicus and subperitoneal tissue as far as the kidneys. Infected fluid has no fascial bounds.

Pelvic fracture is generally diagnosed by evidence of shock, pain felt spontaneously in the lower abdomen or by compression of the pelvic girdle, and by palpation of bones through the perineum, rectum, or vagina.

Signs and symptoms of ruptured bladder are often dangerously misleading and are frequently of the type caused by the pelvic fracture alone. Abdominal pain, tenderness, spasm, ileus, and fever may develop, with painful passage of scanty, bloody urine or with inability to void.

In some cases, symptoms are insignificant and clear urine is readily passed without pain. Tests actually useless or harmful include cystoscopy, injection and attempted recovery of fluid, and air cystography.

During radiography of the pelvis, a retrograde cystogram should be obtained. Up to 200 cc. of 5% sodium iodide solution is injected into the bladder and a portion into the urethra. If the anteroposterior view

* The bladder in fracture of the bony pelvis; the significance of a "tear drop bladder" as shown by cystogram. J. Urol. 65:1019-1030, 1950.

is not sufficient, oblique position is provided by tilting the Bradford frame on which the subject is usually placed.

In addition, 20 cc. of Diodrast is injected intravenously for roentgenography of the upper urinary tract.

With intraperitoneal rupture, linear density may be seen along the paracolic reflections. Haustral markings of the colon and small intestine produce a scalloped impression along the gutters.

After extraperitoneal rupture, the medium diffuses from the region of the bladder neck in streaks. With a high posterior lesion, the fluid is sometimes blocked and assumes a shape resembling a diverticulum. Extensive laceration produces a sunburst pattern.

Suprapubic cystotomy should be done as soon as the patient's general condition permits. If intraperitoneal rupture is suspected, a small incision is made into the peritoneum, free fluid is sucked out, and the peritoneal cavity is closed without drainage.

An extraperitoneal rupture near the vesical neck may be difficult to suture, but cystotomy and extravesical drainage will usually suffice. Five to ten days later, the suprapubic tube is removed and urine is drained by urethral catheter.

Mumps Orchitis and Testicular Atrophy

CHARLES A. WERNER, M.D.*

A RELATIVELY small number of mumps infections are complicated by orchitis, and the involvement is virtually limited to patients acquiring the disease after puberty.

Mumps orchitis is not a frequent cause of male sterility, since only 1 of 20 boys and men with parotitis has testicular involvement. Fertility is impaired by the complication in 13% of the group with orchitis but seldom totally lost.

Charles A. Werner, M.D., of New York Hospital–Cornell Medical Center, New York City, questioned 2,000 Navy separatees, fourteen to forty-three years of age, about former disease and examined the testes for atrophy.

About 54% of men have had mumps, in 4 of 5 cases before the fifteenth year. Orchitis occurs in nearly 5% of all cases but in 19% of those with onset after the thirteenth year.

After orchitis, testicles atrophy in slightly more than a third of instances, and semen is substandard in 51%. Yet 38% of the group with no record of orchitis also have unsatisfactory specimens.

Testicular inflammation during mumps produced absolute sterility, with azoospermia, in 1 of 49 cases.

* Mumps orchitis and testicular atrophy. Ann. Int. Med. 32:1066-1086, 1950.

Medical Forum

Discussion of articles published in MODERN MEDICINE *is always welcome. Address all communications to The Editors of* MODERN MEDICINE, *84 South 10th St., Minneapolis 3, Minn.*

Lymph Node Staining*

TO THE EDITORS: I found the article by Drs. Joseph Weinberg and E. M. Greaney very interesting. The authors should be congratulated for their careful work and patience.

The following considerations may be advanced in considering the use of lymph node staining during operation for gastric cancer:

1] Reviewing 43 consecutive gastric resections or attempted gastric resections performed at the Clifton Springs Sanitarium and Clinic, N.Y., between January 1949 and July 1950, one notices that only 14 dealt with a malignant tumor involving the stomach. In the rest of the cases, the resection was for duodenal ulcer or benign gastric ulcer, and removal of glands had not been attempted except for biopsy.

2] Of the 14 malignant cases, 13 were found to show carcinoma that had arisen from the stomach. Unfortunately, in only 4 cases did the surgeons feel that the resection was technically possible and offered hope for cure. In the remaining cases, the stomach was found to be either completely inoperable or the operation was considered a palliative resection only.

3] Further progress in the above 4 cases seems to justify the optimistic opinion of the surgeons in only 1 instance.

4] In a similar group of patients who had gastric carcinomas and were operated upon in the same institution in 1947 and 1948, we find that only 1 of 7 histologically proved gastric malignancies was found to be resectable on operation to such an extent that a cure might reasonably be hoped for.

These points seem to indicate that our poor gastric cancer prognosis is not so much the fault of surgery as of diagnosis. Although the most careful roentgen studies were attempted and although gastroscopy was frequently employed, it seems as if the diagnosis of gastric cancer was almost always made too late.

The main problem lies, therefore, not so much in improving the operative technic as in improving our early recognition of the disease.

Although, radiologically speaking, the majority of the detected gastric cancers seemed to be early ones, the surgeon had to report to the contrary. To be specific, of 26 cases in which the roentgen diagnosis of gastric carcinoma was considered, 21 were thought to exhibit early lesions by the radiologist. Not all patients were operated upon, but of those that were, only 1 was confirmed to have an early lesion.

*MODERN MEDICINE, Aug. 15, 1950, p. 68.

I do not believe, therefore, that improvement of the surgical technic is the most important step to be taken. Generally, surgeons do remove the entire accessible gastric surroundings in gastric resections which promise any hope of cure. Removal of the surroundings is frequently so complete that demonstration of lymph glands does not seem to be a too desirable help. This is a point, however, that only a surgeon, who has to do the radical operation, is qualified to discuss.

GERHART S. SCHWARZ, M.D.
Clifton Springs, N.Y.

Therapy of the Blood Diseases*

TO THE EDITORS: The article on blood diseases is most comprehensive, and on the whole Dr. D. G. Cameron's experience closely agrees with our own.

In iron deficiency anemia, however, we have usually found it unnecessary to start with amounts smaller than 15 gr. of ferrous sulfate per day, and it rarely causes gastrointestinal disturbances. Liver extract, parenterally, is still best for the treatment of pernicious anemia, but vitamin B_{12} is very useful for individuals who are sensitive to liver.

In a recent survey, we found little convincing evidence that infection or associated disease increased the requirement of liver extract. Of course, folic acid should never be used with true addisonian pernicious anemia, because of the danger of subacute combined degeneration.

Treatment of the underlying disorder is a most important measure in successfully combating secondary anemia, whether it be infection, uremia, or neoplastic disease. Cobalt has not proved very satisfactory.

Occasionally, anemia may occur with infectious mononucleosis despite the fact that in the past this was not believed possible.

Those affected with chronic lymphatic leukemia tend to live longer than those with chronic myeloid leukemia. Radiotherapy, radioactive phosphosrus, R-48, or urethane probably do not increase the duration of life but do something fundamental when they reduce the size of the spleen and alleviate the anemia. This is true for Hodgkin's disease, as well.

Recently, very small doses of radiation—25 to 50 r on alternating days—have resulted in considerable improvement in chronic myeloid leukemia. This may prove to be the treatment of choice. The folic acid antagonists, on the whole, have been disappointing in the treatment of acute leukemia in adults, even when reinforced with a folic acid–free diet.

J. G. WATT, M.D.
Toronto

Prevention of Swollen Arm after Mastectomy*

TO THE EDITORS: The abstract of Dr. Ernest M. Daland's paper is a timely one.

The nonchalant attitude of surgeons that in a certain percentage of patients postoperative edema of the arm was inevitable appears unjustified.

The older teaching that edema of the arm is evidence of a complete and thorough axillary dissection

*MODERN MEDICINE, April 15, 1950, p. 61.

*MODERN MEDICINE, July 15, 1950, p. 75.

seems untenable when the same surgeon finds his technic unvarying but the complication still persists in a definite percentage of cases.

I admire his courage in advising against the indiscriminative use of x-ray therapy. The radiologists have done such an effective publicity job that a surgeon is somewhat reluctant to advise against routine radiation for fear that the patient's relatives may subject him to criticism should the result be poor.

His numerous points are well taken. I think the crux of the matter is that when the incision is closed there is no scar on the arm. Naturally, there are several methods of achieving this but the suggested Greenough modification of the Rodman incision seems ideal.

WILLIAM F. QUINN, M.D.
Los Angeles

Current Histamine Therapy*

TO THE EDITORS: My experience with histamine has not been along the lines of desensitization as discussed by Dr. Lester S. Blumenthal, but rather as therapy in the field of peripheral vascular disorders.

When administered by ion transfer—iontophoresis—it produces a definite and fairly prolonged increase in local cutaneous blood flow in the extremities which can be measured by means of the venous occlusion plethysmographic method. Hence, the use of this drug is indicated in the treatment of chronic indolent ulcers due to venous stasis. When there is a reduction in arterial circulation, the procedure should be used cautiously; if a burn were to develop as the result of poor application of electrodes the prognosis might become quite grave.

Histamine given intravenously produces a moderate but transient increase in peripheral blood flow, since it is rapidly destroyed by the liver and kidneys. Therefore, it has little therapeutic use when administered in this manner. As most workers in the field have discovered when small quantities of the drug are produced continuously in the body, as would theoretically follow the parenteral administration of histidine and ascorbic acid, the therapeutic effect is minimal. Recently histamine has been administered intraarterially with reported good results. Since the action is transient, this procedure would be of little use in chronic arterial vascular diseases.

It would appear, then, that histamine has only a limited therapeutic role in peripheral vascular disorders.

DAVID I. ABRAMSON, M.D.
Chicago

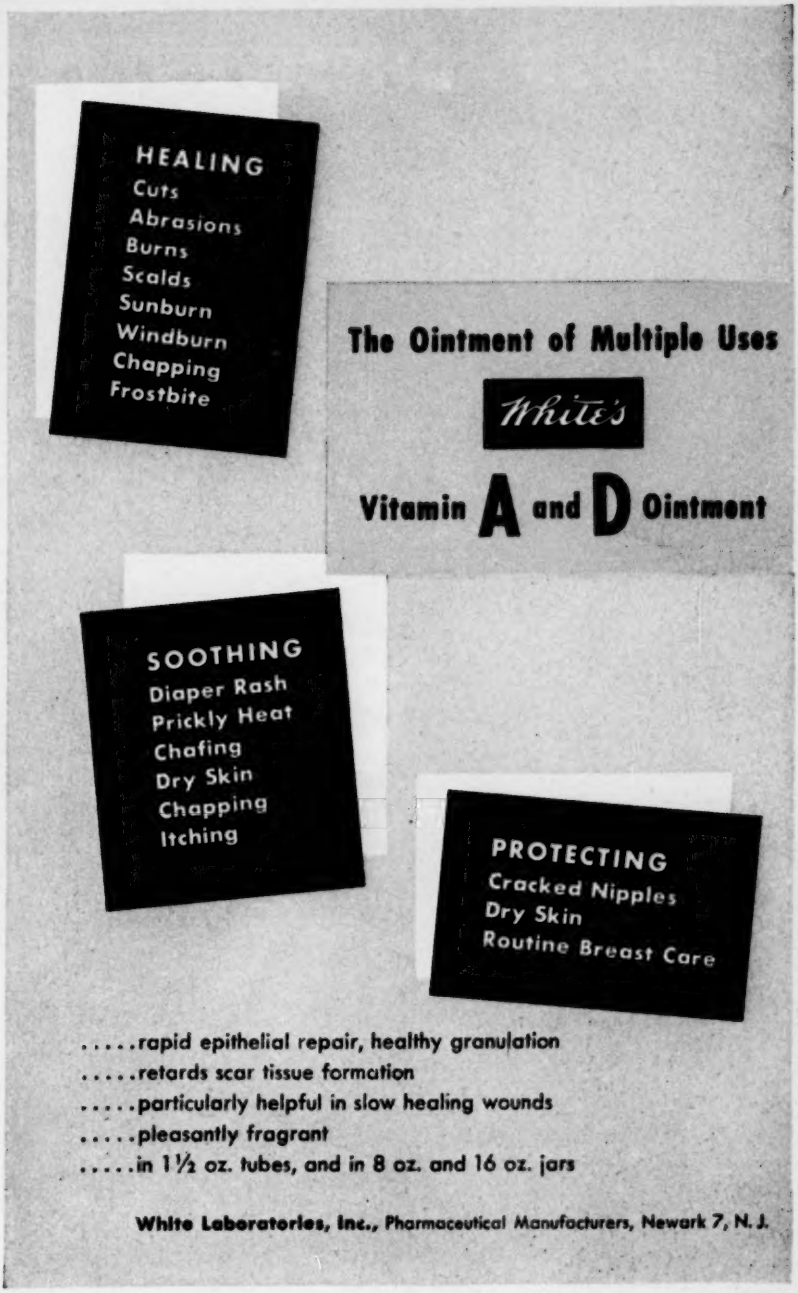
Improved Biliary T-Tube*

TO THE EDITORS: To me the question, "What is the best T-tube for drainage of the biliary tract?" is, for the most part, an inconsequential one, as most of the T-tubes on the market do not produce a great deal of tissue reaction and the lumens of all of them sooner or later will be filled with precipitate. Of more importance are the indications for their use.

NATHAN A. WOMACK, M.D.
Iowa City

*MODERN MEDICINE, Aug. 1, 1950, p. 51.

*MODERN MEDICINE, Aug. 1, 1950, p. 58.


HEALING
Cuts
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Burns
Scalds
Sunburn
Windburn
Chapping
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The Ointment of Multiple Uses
White's
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Diaper Rash
Prickly Heat
Chafing
Dry Skin
Chapping
Itching
PROTECTING
Cracked Nipples
Dry Skin
Routine Breast Care
.....rapid epithelial repair, healthy granulation
.....retards scar tissue formation
.....particularly helpful in slow healing wounds
.....pleasantly fragrant
.....in 1½ oz. tubes, and in 8 oz. and 16 oz. jars
White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

RED CROSS ADHESIVE TAPE


greater freedom
from skin irritation
sticks better
greater flexibility
lasting freshness
whiter appearance
* No connection whatever with the American National Red Cross

Diagnostix

Here are diagnostic challenges presented as they confront the consultant from the first clue to the pathologic report. Diagnosis from the Clue requires unusual acumen and luck; from Part II, perspicacity; from Part III, discernment.

Case MM-176

THE CLUE

ATTENDING M.D: The patient I want you to see this evening has acute heart failure and has been on the Chest Service as a diagnostic problem for one week. He is fifty years old, cyanotic and orthopneic, and is having severe dyspnea. Congestive heart failure suddenly developed after observation in the outpatient department for a period of ten months for dyspnea, which had improved. A week ago he noted ankle edema and was given digitalis. The chest roentgenogram shows a large heart with a shadow either at the upper aorta or immediately in front of it.

VISITING M.D: *(Walking into patient's room)* The patient seems to be quite anxious and is holding his hands over his right upper abdomen. He obviously has pain there. *(After introduction, begins examination)* H'mmm. The liver is quite large, down to the umbilicus, and tender. Veins in the neck are prominent, engorged, and pulsating. His blood pressure is 155/48. Pulse is 40, respiration 28. I note a loud, blowing, coarse systolic murmur at the aortic area and down the right side of the sternum and a soft diastolic murmur in the same area. The left heart border is at the anterior axillary line. Is anything pertinent in the physical examination, including the rectal examination?

ATTENDING M.D: Nothing else. He has had syphilis.

THE NAME TO DEPEND ON—

DEVILBISS

A comprehensive development and research program assures you of the most efficient in nebulizers and atomizers

The continuing DeVilbiss research program, now more comprehensive than ever before, is keeping pace with the latest findings in the field of aerosol therapy.

DeVilbiss' close cooperation, particularly with the pharmaceutical houses and research foundations, has resulted in the exactly *right* piece of equipment being always available for new techniques. For example, the use of Winthrop-Stearns new anti-histaminic solution "Thenfadil" in the DeVilbiss Pocket Atomizer No. 33.

DeVilbiss deserves your confidence. Over the years, no other manufacturer of similar equipment has worked so closely with research development to the end that the physician would have exactly the *right* type of equipment for the job at hand.

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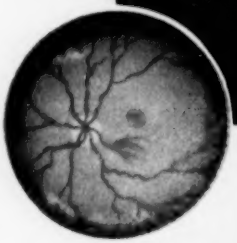
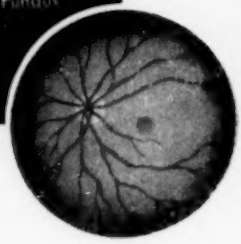
RUTAMINAL*

the protection of **rutin**[1] the action of **aminophylline** the sedation of **phenobarbital** —for use in selected cardiovascular and diabetic conditions in which excessive capillary fragility presents a complicating hazard —bottles of 100 tablets

Ocular Fundus in Degenerative Vascular Disease—Hypertension, Diabetes, Arteriosclerosis —note tortuous blood vessels, areas of exudation, hemorrhagic areas.



Normal Ocular Fundus



[1]In keeping with newer clinical findings, the rutin content of RUTAMINAL has been increased to 60 mg. per tablet (three times the former rutin content) at no increase in cost to the patient.

*RUTAMINAL is the trademark of Schenley Laboratories, Inc. and designates exclusively its brand of tablets containing rutin, aminophylline, and phenobarbital.

schenley laboratories, inc., 350 fifth ave., new york 1, n. y.

PART II

VISITING M.D: *(Continuing examination)* Venous pressure must be quite high. There is a systolic thrill over the aorta; blood pressure is equal in both arms. Has the patient ever had rheumatic fever? *(Looking over the electrocardiogram)* I see that he has a left bundle-branch block, an atrioventricular block, and some digitalis effect.

ATTENDING M.D: Thirty years ago a heart murmur was found when he applied for insurance, but the insurance was given despite this. Ten years ago he had positive evidence of syphilis and was treated with arsenicals and bismuth. He later had penicillin. Five years ago he was considered to have syphilitic heart disease, and I presume that a murmur of aortic insufficiency was heard at that time. There is no history of rheumatic fever, arthritis, or St. Vitus' dance in childhood. The sedimentation rate is normal, and the blood serology is positive now.

VISITING M.D: We found a pulse pressure of 105, but all previous readings were normal. Average diastolic pressure in syphilitic aortic insufficiency with a Corrigan pulse is around 50, and the pulse pressure over 80. I wonder if the blood pressure reading of 130/85 just before he was hospitalized is consistent with a diagnosis of aortic insufficiency? Let us look at the roentgenogram . . . It's hard to tell whether this is a cardiovascular

"Nothing serious, I hope, Doc. You see, I'm supposed to go to the chair next Tuesday."

shadow or an extracardiac tumor, such as a calcified dermoid. Kymograms do not show this to pulsate, but I am not certain whether that helps us. Calcification may occur with either an arteriosclerotic vessel or an aneurysm but usually is luetic. I would continue treating the patient with digitalis and mercurial diuretics.

PART III

VISITING M.D: *(Doctors walking in the hall)* I get no help at all from the laboratory. All tests are within normal limits, with the exception of the positive serologic reaction. Fluoroscopy, according to the radiologist, was of no help. I do not believe that the patient has rheumatic heart disease, although if the aortic valve is calcified, that diagnosis would be strongly suggested. Of course, a large echinococcus cyst to the right side of the heart could produce this appearance.

NURSE: *(Running down the hall)* Doctor, the patient you saw has just died.

ATTENDING M.D: *(Later)* Well, you've certainly beat around the bush on this one. Why don't you tell me what you think it is?

VISITING M.D: It's hard to say; I think he had two lesions. I should say he had luetic aortitis with aneurysm; I would like to say also rheumatic aortic stenosis but I can't quite bring myself around to saying it.

PART IV

PATHOLOGIST: *(Later)* Well, I can help you with this problem. The lesions are limited to the heart and aorta. There is a bulging aneurysm of the ascending aorta. The entire heart and aneurysm without the blood weigh 900 gm. The aneurysm, which had ruptured, bulges into the pericardium arteriorly and superiorly so that it is all within pericardial reflection. This is luetic in origin. In addition, I find aortic stenosis. Look closely here and see the fusion of the valves. Undoubtedly this is the lesion which caused the murmur that was heard so many years ago during the insurance company's examination, and probably the origin of the trouble is rheumatic.

PATHOLOGIST: *(Several days later)* Microscopic slides show no bacterial endocarditis, but luetic and rheumatic lesions: a luetic aneurysm and also an old rheumatic aortic lesion.

"I hope this isn't another false alarm."

to ameliorate mood... to relieve inner tension

'DEXAMYL'—a balanced combination of 'Dexedrine'* and 'Amytal'†—provides the beneficial effects of both its two components:

The 'Dexedrine', because of its "smooth" and profound antidepressant action, restores mental alertness and optimism and dispels psychogenic fatigue.

The 'Amytal', because of its calming action, relieves nervous tension, anxiety and agitation.

Combined in DEXAMYL, the two components work together synergistically to control troublesome symptoms of mental and emotional distress.

Widely useful in everyday practice, 'Dexamyl' tablets are available in bottles of 50. Each tablet contains 'Dexedrine' Sulfate (dextro-amphetamine sulfate, S.K.F.) 5 mg. and 'Amytal' (Amobarbital, Lilly) ½ grain (32 mg.).

Smith, Kline & French Laboratories, Philadelphia

Dexamyl*

*Trademark, S.K.F.
†Trademark, Lilly

Medical News

Doctor! Find the Unknown Diabetic!

JOHN A. REED, M.D.*
Washington, D.C.

As man, perhaps, the moment of his breath,
Receives the lurking principle of death;
The young disease, that must subdue at length,
Grows with his growth, and strengthens with his strength.

—Pope, *Essay on Man*

PHYSICIANS of America! A great responsibility and a great opportunity are ours, in the detection and diagnosis of the unknown diabetic.

Whether we are general practitioners or specialists in a particular branch of medicine, we axiomatically accept, as physicians, the primary tasks of diagnosis and treatment whenever individuals come to us with symptoms of illness.

Beyond this basic obligation to the sick, the present-day doctor of medicine accepts the further responsibility of fostering and taking part in programs for the early diagnosis of disease, before symptoms indicate an advanced condition. By recognition of the early stage of disease we can help to prolong man's days and lessen or eliminate disabling complications in his later years.

To this end the doctors of America have unsparingly contributed to and cooperated with innumerable health programs. They have recognized responsibilities and accepted opportunities to discover and subdue "the young disease."

Diabetes mellitus is one of these illnesses. The discovery and treatment of diabetes at as early a stage as possible demand the attention of all practicing physicians. Numerous carefully controlled surveys have established the fact that there is at least one unknown and therefore untreated diabetic for every diabetic under care in the United States.

This means that roughly a million persons have diabetes and do not know it. These unknown diabetics are hidden primarily because they do not present the usual symptoms of the disease familiar to every physician. They are either without symptoms or exhibit conditions which could be, and usually are, caused by any of numerous other less debilitating illnesses.

The finding of these million unknown diabetics in our country is

(Continued on page 108)

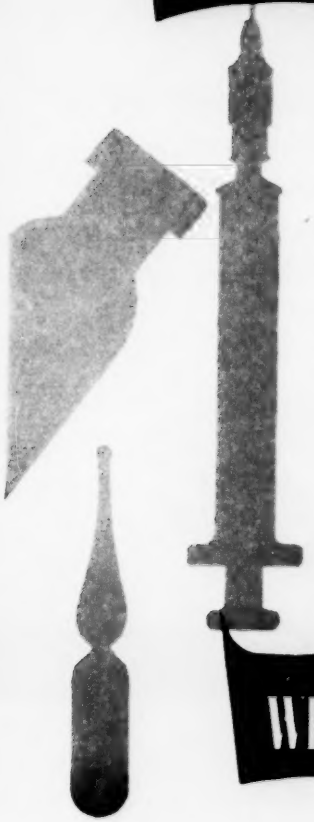
* Chairman, Committee on Diabetes Detection; Secretary, American Diabetes Association, Inc.

THE MOST POTENT FORM

for | parenteral androgenic therapy

Testosterone Propionate

"RARE"



ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

The first androgenic preparation for parenteral use to be accepted by the Council on Pharmacy and Chemistry of the A.M.A.

INDICATIONS:

IN THE MALE: eunuchism, eunuchoidism-hypogonadism, selected cases of cryptorchidism.

IN THE FEMALE: menometrorrhagia, undesired lactation, postpartum breast engorgement, selected cases of inoperable carcinoma of the breast.

SUPPLIED:

1 cc. ampules of 25 mg.; boxes of 6 and 50.
10 cc. vials of 10, 25 and 50 mg. per cc.

RARE-GALEN DIVISION OF

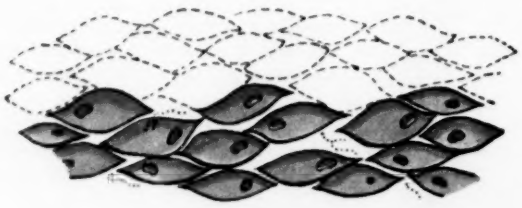
White Laboratories, INC.

Newark 7, New Jersey

Reverse the Vaginal Pathology to Normal Physiology

"In an infected vaginal canal we usually find the following conditions:

- decrease in epithelium
- reduction in glycogen
- few or no Döderlein bacilli, and
- reduced acidity."*



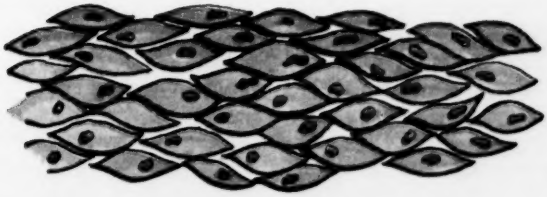
infected • inflamed

*Kuder, K.: Vaginal Infections, J. Am. M. Women's A. 5:173 (May) 1950.

Floraquin®

A PRODUCT OF SEARLE RESEARCH

Floraquin®—corrects these deficiencies. It supplies the powerful protozoacide, Diodoquin-Searle (diiodohydroxyquinoline), together with lactose, dextrose and boric acid for restoring depleted glycogen and reestablishing a pH unfavorable to vaginal infections.



normal epithelium

Floraquin Powder—for office insufflation.
Floraquin Tablets—for patient's use.

G. D. Searle & Co., Chicago 80, Illinois.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

a direct challenge to the medical profession. It is within our powers to meet that challenge.

The American Diabetes Association is an organization of over 1,500 practicing and research physicians who are deeply concerned with the problems the disease presents. In 1948 the Association organized a Committee on Diabetes Detection, which at once launched a continuous, year-round campaign to promote the early detection of diabetes. The purpose of this campaign is to find as many as possible of the million undiscovered diabetics and to see that they are placed in the hands of their physicians at once.

The Diabetes Detection Drive of the American Diabetes Association is a doctor's program, sponsored and conducted exclusively by physicians, and is *not a fund-raising drive*. It is a program of health education, public relations, and case-finding, conducted by the medical profession for the benefit of every citizen in every American community.

This year, the continuous Diabetes Detection Drive is spearheaded by the third annual Diabetes Week, November 12 to 18, 1950, during which the American Diabetes Association asks every medical society and every physician member of such a society to institute an all-out, community-wide plan for the detection of hidden diabetics. Only through such a drive can the person in the early phase of the disease be saved from the often disastrous complications seen in advanced stages of diabetes, so that a healthy, longer life is assured. If you, as a practicing physician, give your full support to this drive, you may be able to help prevent much unnecessary suffering in your community.

What can you do, as an individual, to aid the Diabetes Detection Drive? Test your own urine or blood *today*, and that of each member of your family. Have every one of your patients so tested, routinely.

As a member of your local medical society, how can you cooperate in organizing a Diabetes Detection Drive? If there is an affiliate unit of the American Diabetes Association in your particular area, consult with some of its members and help with their program. If a Committee on Diabetes is functioning in your county or state medical society, offer your assistance. If no such committee exists, urge your society's officers and your colleagues to form a committee which may at once organize a strong Diabetes Detection Drive to be launched during this year's Diabetes Week, November 12 to 18.

The American Diabetes Association has asked every county and state medical society to take part in this, the physician's own health education and public relations program. We urge every practicing physician to participate in the drive.

The National Office of the American Diabetes Association, at 11 W. 42d St., New York 18, N.Y., stands ready to assist you as an individual, and also your county or state medical society, in developing a Diabetes Detection Drive in your community. Consult your own society or write us for further information. Start *now* so that plans will be ready for Diabetes Week. Accept this responsibility—your help is needed.

what makes Donnatal so effective... so safe?...

...NATURAL BELLADONNA ALKALOIDS ...BALANCED WITH LABORATORY PRECISION

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The secret of its success lies in its employment of only *natural belladonna alkaloids*,[1,2,4] in precisely and optimally balanced ratios—together with a small content of phenobarbital, for relief of the psychogenic factor by central and peripheral nervous sedation.

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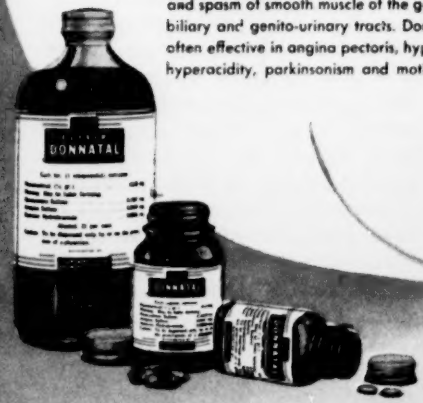
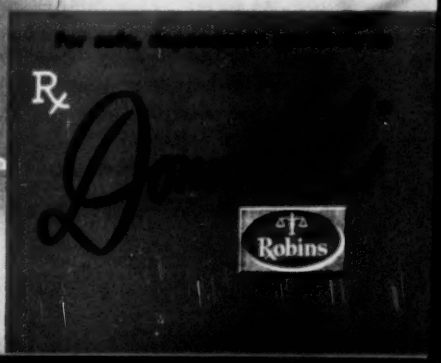
Ethical Pharmaceuticals of Merit since 1878

[redacted] Hypertonicity, hypermotility and spasm of smooth muscle of the gastrointestinal, biliary and genito-urinary tracts. Donnatal is often effective in angina pectoris, hypertension, hyperacidity, parkinsonism and motion sickness.

[redacted] ***Tablets or Capsules:*** **1 to 2, three or more times daily (up to 9 tablets or capsules may be given within 24 hours without toxic effects).**
Elixir: **Infants: ½ teaspoonful 2 or 3 times daily, as necessary. Children: 1 teaspoonful, 2 or 3 times daily, as needed. Adults: 1 or 2 teaspoonfuls, 3 or 4 times daily.**

[redacted] 1. Goodman, L. and Gilman, A.: The Pharmacologic Basis of Therapeutics, The Macmillan Co., New York, 1941. 2. Kilstein, R. I.: Rev. Gastroenterol., 14:171, 1947. 3. Lee, L. W.: Nebraska State Med. J., 34:59, 1949. 4. Morrissey, J. H.: J. Urol., 57:635, 1947. 5. Ricci, J. V.: Contributions from Dept. of Gynecology, City Hospital, New York, 1946, New York Medical College, New York, 1947. 6. Stephens, G. K.: J. Oklahoma St. Med. Assoc., 42:246, 1949.





TABLETS • CAPSULES • ELIXIR

Basic Science Briefs

PHYSIOLOGY

Dual Pain from Histamine

Histamine may be the chemical mediator for cutaneous pain. Introduction into superficial layers of the skin causes immediate and delayed sensations described as stabbing, tingling, burning, stinging, or pricking, and pain increases with concentration. The natural amount of histamine in the skin is about 1:50,000. Dr. Sol Roy Rosenthal of the University of Illinois, Chicago, gave 230 injections to 40 adults. As the concentration of injected histamine rose from 10^{-15} to 10^{-5}, the average interval before onset shortened from thirty-two to sixteen seconds, and duration of pain lengthened from about one-half minute to three and a half minutes.

Proc. Soc. Exper. Biol. & Med. 74:167-170, 1950.

CYTOTOXICOLOGY

Tuberculin and Leukocytes

About two months after inoculation of rabbits with tubercle bacilli, 0.25- or 0.5-mg. doses of purified protein derivative were injected intravenously and blood counts made. Dr. Noreen G. Brandt and associates of Ohio State University, Columbus, noted 75 to 80% decrease of lymphocytes in six to nine hours, then slow return to or beyond the former level in twenty-four hours. Neutrophils rose sharply nine to twelve hours after injection.

Proc. Soc. Exper. Biol. & Med. 74:315-316, 1950.

BIOCHEMISTRY

Inhibition of Lymphoid Tumor

Compound A extends the life of mice with transplantable lymphatic leukemia and temporarily prevents growth of lymphosarcoma. Dr. George W. Woolley of the Sloan-Kettering Institute, New York City, used at least 4 times the dose that could have been employed for compound E without causing serious harm or death. Biologic activity of 11-dihydrocorticosterone acetate was shown by reduction in size of the adrenal glands, of tissues related to the lymphoid system, and possibly of the accessory reproductive organs.

Proc. Soc. Exper. Biol. & Med. 74:286-289, 1950.

METABOLISM

Potassium Depletion

An unusual pattern of polydipsia and polyuria occurs on withdrawal of potassium from the food of dogs in good health. Dietary levels were reduced from 0.24% to 0.01% by Drs. Susan G. Smith and Thomas E. Lasater of Duke University, Durham, N.C. Fluid exchange increased within twenty-four hours and reached a peak in three to seven weeks, then gradually returned almost to former values. Water intake and urine output had no relation to blood potassium or to the usual signs of potassium deficiency. Animals became more dehydrated throughout deprivation.

Proc. Soc. Exper. Biol. & Med. 74:427-431, 1950.

51 Difficult Dermatologic Cases Treated With Tarbonis Showed These Remarkable Results[1]

	CASES	CLEARED or MARKED IMPROVEMENT	MODERATE IMPROVEMENT	SLIGHT or NO IMPROVEMENT
PSORIASIS	11	2	4	5
NEURODERMATITIS	5	3	2	-
ATOPIC ECZEMA	8	6	1	1
SEBORRHEIC DERMATITIS	6	5	1	-
CHRONIC RECURRENT CONTACT DERMATITIS	11	9	1	1
VARICOSE ECZEMA	4	1	1	2
ALLERGIC DERMATITIS	3	-	2	1
LICHEN PLANUS	3	2	1	-
TOTAL	51	28	13	10
%		54.9	25.5	19.6

In 41 of these cases, the condition had persisted for 2 to 10 years, not yielding to other forms of therapy.

Treatment with TARBONIS over a 5-week to 5-month period showed that 54.9% of the cases cleared or showed marked improvement, while 25.5% showed good response.

TARBONIS, the original clean, white coal tar cream, gave satisfactory results in 80.4% of these patients!

1. Lowenfish, F. P., N. Y. State J. Med., 50:922 (April 1) 1950.

All the therapeutic advantages of crude coal tar with irritating residues removed; higher in active fractions of coal tar; homogenized for perfect emulsification.

For prescriptions—all pharmacies stock 2¼-oz. and 8-oz. jars; for dispensing purposes, 1-lb. and 6-lb. jars are available through your surgical supply dealer.

THE TARBONIS COMPANY Dept. MM
4300 Euclid Ave., Cleveland 3, Ohio

Please send me literature and clinical sample of TARBONIS.

_____ M.D.

Address _____

City _____ Zone ____ State ____

OBSTETRICS

Uterine Contractibility

Throughout pregnancy the human uterus contracts rhythmically, but the activity is slight and has never previously been recorded. By measuring the pressure exerted on the physiologic contents of the uterus, Drs. H. Alvarez and R. Caldeyro of the Facultad de Medicina, Montevideo, Uruguay, find that the contractions are both rhythmic and continuous throughout pregnancy and the three stages of labor. In addition, sporadic contractions of greater intensity occur, infrequently during the first eight months, but more often and with greater strength during the final two weeks. Pain has no definite relationship to the intensity of the contractions and is probably due to some concomitant phenomenon such as distention of other tissues. In the days preceding labor, contractions of high intensity are painless. When the cervix starts to stretch, pain begins and continues during the second stage of labor as the birth canal is distended by the descending fetus. The contractions of the third stage are also painless at first, but become painful as the placenta separates and distends the birth canal.

Surg., Gynec. & Obst. 91:1-13, 1950.

An Important Announcement
of interest to
MODERN MEDICINE Readers
appears on pages 128-129.
Be Sure to Read It.

SURGERY

Shunt for Clamped Aorta

Shock from cross-clamping of the thoracic aorta in dogs is prevented by a small polythene silicon-coated tube diverting blood around the blockade. Sections 12 to 15 cm. long are shaped in hot water at the operating table and inserted into vessels by Drs. H. William Clatworthy, Jr., and Richard L. Varco, University of Minnesota, Minneapolis. The inside diameter is 0.062 in. for dogs under 10 kg. and 0.085 in. for those of larger size. Similar devices might be used during reconstruction of smaller essential vessels.

Proc. Soc. Exper. Biol. & Med. 74:434-436, 1950.

EXPERIMENTAL MEDICINE

Drug for Traumatic Shock

Irreversible shock from bleeding may be prevented by an aliphatic sulfonamide, ethyl-1-ethanesulfonyl-4-piperazine hydrochloride. Parallel tests were done by Drs. D. Bovet at the Instituto Superiore Di Sanita in Rome and J. Fournel at the Rhône Poulenc, Paris. Blood pressure of 100 dogs was kept at 40 mm. of mercury by bleeding and reinjection for two or two and a half hours. Mortality was reduced from 88% for untreated animals to 15%, with best results when the product was injected just after hemorrhage. Even in fatal cases, collapse, intestinal hemorrhage, and death were delayed. Action was unlike those of known pharmacodynamic agents and is not explained by normal cardiovascular physiology. Mice, rats, and guinea pigs have also been protected.

Proc. Soc. Exper. Biol. & Med. 74:421-424, 1950.

in the constipation of pregnancy

...there is often need to control biliary dyskinesia as well as intestinal stasis. These demands are specifically met in the formula of Caroid and Bile Salts Tablets which provide a threefold action as a

choleretic...to produce increased bile flow

digestant...to assist digestion

laxative...to induce gentle peristalsis and

help reestablish normal function.
When they are routinely employed, Caroid and Bile Salts Tablets bring about complete relief from the syndrome of biliary dyskinesia and intestinal stasis in most women.
Tablets of Caroid and Bile Salts with Phenolphthalein.
Available in bottles of 20, 50, 100, 500 and 1000.

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with Phenolphthalein

trial supply on request

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Company, Inc., 1450 Broadway, New York 18, N. Y.

ENDOCRINOLOGY

Affect of ACTH on Healing

Wounds do not heal during hyperadrenalism induced by ACTH. As pointed out by Dr. Morton C. Creditor and associates of Columbia University, New York City, repair probably corresponds to abnormal processes in the diseases susceptible to therapy. In a case of periarteritis nodosa and a case of rheumatoid arthritis, 100 mg. was given on the first day and 40 mg. daily thereafter. Elliptical skin biopsies were made on the first day, wounds were closed with silk, and incised areas were removed a week later. Epithelial proliferation was noted in the operative sites, but practically no granulation tissue, leukocytes, fibroblasts, or proliferating blood vessels were found. A week after withdrawal of ACTH, tissues were healed. In a case of rheumatoid arthritis, a wound irrigated with hyaluronidase closed superficially, but subepithelial layers filled only with fibrin.

Proc. Soc. Exper. Biol. & Med. 74:245-247, 1950.

PHYSIOLOGY

Ventilatory Measurements

In various types of lung and heart disease the physical fitness index is closely related to vital capacity, expressed as percentage of predicted values for age, sex, and height. Data on 44 patients aged fifteen to sixty-one years were analyzed by Dr. Robert A. Bruce and associates, University of Rochester. Fitness was scored from level walking on a treadmill ergometer, respiratory efficiency with exercise, and pulse rate during recovery. This index correlated closely with the percentage of vital capacity. Less significant correspondence was seen between physical fitness and maximum mask breathing capacity, breathing requirement, breathing reserve, and mean exercise midcapacity pCO_2. Fitness was not related to average minute ventilation or the midcapacity portion of total ventilation.

Proc. Soc. Exper. Biol. & Med. 74:398-401, 1950.

PHARMACOLOGY

Eosinophil Response

Injection of histamine produces a sudden drop of circulating eosinophils in sharp contrast to the gradual fall with adrenal cortical stimulation. Reactions observed in dogs by Dr. Jules H. Last and associates at the University of Illinois, Chicago, suggest 2 different mechanisms. Drugs were infused intravenously at a constant rate over an hour period. With infusion of 5 micrograms histamine per kilogram per minute, the eosinophil count fell to about 20% of the former value in ten or fifteen minutes, then rose to 60% in four hours. A delayed response greatest in four hours was produced by epinephrine, ACTH, or adrenal cortical extract.

Science 112:47-49, 1950.

NEWS ABOUT A BAUER & BLACK PRODUCT

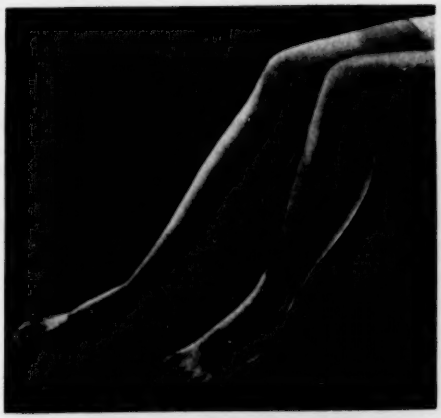
The elastic stocking that considers a patient's vanity

Why more women wear—and more doctors prescribe—Bauer & Black Elastic Stockings

Any physician who has prescribed elastic stockings knows that women often resist wearing them on the ground of appearance.

The Bauer & Black Elastic Stocking overcomes this natural feminine objection. Here is a *fashioned* stocking that is actually flattering to the appearance. Sheer enough to be inconspicuous, yet offers the firm support necessary for relief of surface varicose veins. Two-way stretch elastic assures uniform pressure—guarantees smooth, even fit.

*Reg. U. S. Pat. Off.



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Elastic stockings

Other reasons why Bauer & Black is first in elastic supports

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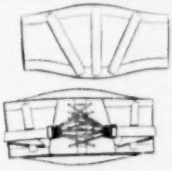

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Short Reports

HEMATOLOGY

Hypocoagulability of Irradiated Plasma

Care must be used in administration of irradiated plasma to patients with diseases involving disorders of the clotting mechanism. Ultraviolet light used to sterilize pooled batches of blood plasma also produces profound changes in the coagulation properties of the plasma, declare Dr. Seymour S. Cutler and associates of Long Island College of Medicine, Brooklyn. Irradiated plasma has potential clinical value as an anticoagulant, but when given to patients with hemorrhagic diastheses, the hypocoagulability may interfere with coagulation of normal blood.

J.A.M.A. 143:1057-1059, 1950.

PUBLIC HEALTH

Survey of Carcinogens

Detection and control of cancer-causing materials is the purpose of a research program being conducted by the Cancer Prevention Committee, Institute of Industrial Medicine, New York University–Bellevue Medical Center, New York City. Dr. William E. Smith, chairman, announces that laboratory findings concerning environmental causes of cancer will be translated into practical application for everyday life in order to prevent persons from coming into contact with carcinogenic substances.

DERMATOLOGY

Acute Ivy Poisoning

Relatively rapid amelioration of symptoms of poison ivy dermatitis and a probable shortened course of the eruption may be achieved with intradermal injections of 3-n-pentadecyl catechol in peanut oil. Although the duration of attacks seemed to be less than usual for 25 patients with severe poisoning, the most significant result of treatment, declares Dr. Harry Keil of Beth David Hospital, New York City, was the relief of intense itching, burning, or smarting. The medicament, a saturated analogue of the active principle of the ivy plant, is a synthetic crystalline substance which is stable in oil solution, can be quantitatively administered, and is easily handled. Initially, 0.2 cc. of a solution containing 0.001% 3-n-pentadecyl catechol in peanut oil is injected. Usually, second injection is given two days later.

Ann. Allergy 8:356-361, 1950.

EDUCATION

Cooperation on Cancer

All of the 79 medical schools in the United States are participating in a program to improve cancer training of future physicians. Allocations totaling $640,541 have been made by the U.S. Public Health Service for enlargement of faculties.

Specifically for the Pregnant Patient

***For dietary supplementation, there is nothing better than White's* Mol-Iron with Calcium and Vitamin D**

Now for convenience in prescribing to pregnant and lactating patients, Mol-Iron—the most effective iron therapy known[1, 2, 3]—has been supplemented with generous amounts of calcium and phosphorus in an optimum ratio plus adequate vitamin D.

Each easily swallowed, soft gelatin capsule contains:

Mol-Iron	198 mg.
Dicalcium Phosphate (anhydrous)	869 mg.
Vitamin D_3	200 units

Prophylactic Dose: One capsule three times daily after meals.

Therapeutic Dose: Two capsules three times daily after meals (providing 240 mg. Fe daily).

Supplied: Soft gelatin capsules in bottles of 100.

Also: Mol-Iron Tablets in bottles of 100 and 1000; Mol-Iron Liquid in bottles of 12 fluid ounces; and Mol-Iron with Liver and Vitamins, capsules in bottles of 100.

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WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

1. Dieckmann, W. J., and Priddle, H. D.: Am. J. Obstet. & Gynec. 57:541, 1949
2. Chesley, R. F., and Annitto, J. E.: Bull. Margaret Hague Mat. Hosp. 1:68, 1948
3. Dieckmann, W. J., et al.: Am. J. Obstet. & Gynec. 59:442, 1950

EPIDEMIOLOGY

Paralysis from Poliomyelitis After Inoculation Procedures

A child with poliomyelitis is more likely to be paralyzed if prophylactic inoculation was done within a month before symptoms develop. An arm or leg injected eight to seventeen days before onset is particularly susceptible, as shown by the 1949 epidemic in England and Wales. Drs. A. Bradford Hill and J. Knowelden of the London School of Hygiene and Tropical Medicine, England, surveyed 410 cases of poliomyelitis that had occurred under the age of five years. When injection of alum-precipitated diphtheria toxoid, pertussis vaccine, or both had been made predominantly in the left arm shortly before onset of poliomyelitis, children's arms were paralyzed as often as the legs and the left arm more frequently than the right. When no recent injection had been made, the 2 arms were paralyzed at the same rate and the legs 2 or 3 times as often as the arms. Newly inoculated limbs were paralyzed much more often than was the case when a month or more had elapsed. The procedure obviously did more than localize paralysis; some cases that otherwise would have been missed were brought into the paralytic class.

Brit. M. J. 4669:1-6, 1950.

PUBLIC HEALTH

Blood Type on License

To speed transfusion if necessary after an atomic raid, the 1951 New Jersey driver's license will provide a space for listing the blood type of the holder.

ANTIBIOTICS

New Streptomycin

A pure antibiotic has been obtained from a new organism, *Streptomyces griseo-carneus*, isolated from a Japanese soil. Although the factor is not identical with streptomycin, similar potency and antibacterial spectrum are reported by Dr. Robert G. Benedict and associates of the Department of Agriculture's Northern Regional Research Laboratory, Peoria, Ill. The proposed name, hydroxystreptomycin, is based on composition and degradation products. A tentative formula has been assigned to the compound but cannot be fully proved until larger amounts are available.

Science 112:77-78, 1950.

OTOLARYNGOLOGY

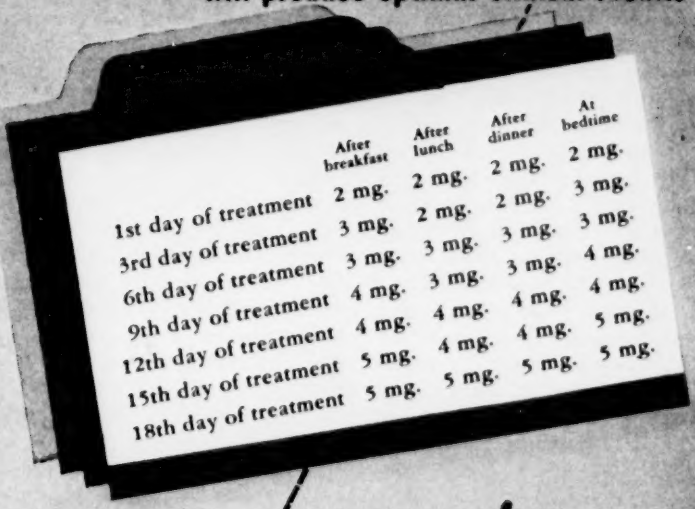
Papilloma of Larynx

Benign juvenile papilloma of the larynx, which at times results in fatal obstruction or infection, may be eradicated with the aid of Podophyllum resin. Dr. J. B. Hollingsworth and associates of Stanford University, San Francisco, employ a 10 or 15% solution in 95% alcohol. The substance is painted over the tumors with cotton applicators and in some instances applied directly through a tracheotomy opening. Immediately after treatment, papilloma surfaces turn silvery gray, contrasting with healthy tissue. The course may be continued at daily, weekly, and less frequent intervals for months without harmful reactions. In 5 cases observed, lesions either regressed or disappeared.

Arch. Otolaryng. 52:82-87, 1950.

This Dosage Schedule...

will produce optimal clinical results



	After breakfast	After lunch	After dinner	At bedtime
1st day of treatment	2 mg.	2 mg.	2 mg.	2 mg.
3rd day of treatment	3 mg.	2 mg.	2 mg.	3 mg.
6th day of treatment	3 mg.	3 mg.	3 mg.	3 mg.
9th day of treatment	4 mg.	3 mg.	3 mg.	4 mg.
12th day of treatment	4 mg.	4 mg.	4 mg.	4 mg.
15th day of treatment	5 mg.	4 mg.	4 mg.	5 mg.
18th day of treatment	5 mg.	5 mg.	5 mg.	5 mg.

VERILOID* *in Hypertension*

The dosage schedule shown above is designed to produce optimal clinical results with Veriloid. Dosage is increased as indicated, to a point where an acceptable drop in tension is recorded. It is important to determine the dosage requirement of each individual, since the therapeutic need varies from patient to patient.

Veriloid should be taken preferably with or immediately after meals and at bedtime, *but never more often than at 4-hour intervals.* Experience has shown that the average patient responds best to a *daily* dose of 10 to 12 mg. When an acceptable drop in pressure has been obtained without side effects, the dosage level at that point is considered the maintenance dose.

Veriloid, representing the active hypotensive ester alkaloids of Veratrum viride, is biologically standardized in mammals for uniform hypotensive activity. It is available on prescription only through all pharmacies in 1.0 mg. tablets, bottles of 100 or 200. Literature on request.

*Trade Mark of Riker Laboratories, Inc.

RIKER LABORATORIES, INC. • 8480 BEVERLY BLVD., LOS ANGELES 48, CALIF.

GERIATRICS

Maternal Age at Delivery Affects Child's Longevity

Children of mothers who were under twenty-five years of age at confinement live longer than offspring of older mothers. Dr. Eeva Jalavisto of the University of Helsinki, Finland, surveyed the birth and death records of 18,000 Swedish and Finnish persons born between 1600 and 1850 and found that a child born when the mother was twenty-four or younger lived about six or seven years longer than a child born to a woman of forty or more. Possibly a biologic factor operating as women grow older is responsible. Whether the father was twenty or fifty at the time of the birth of the child made no difference in the child's longevity.

ANTIBIOTICS

Antimycin A

A powerful crystalline substance lethal to many fungi, insects, and mites is derived from an unidentified species of *Streptomyces*. Certain plant pathogens are inhibited by dilutions of 1:800,000,000 of antimycin A, announce Drs. George S. Kido and E. Spyhalski of the Wisconsin Alumni Research Foundation, Madison. Insects are destroyed by eating the toxin but not by mere contact. Susceptible types include the common housefly, large milkweed bug, Mexican bean beetle larva, and red spider mite. Wool fabrics saturated with the antibiotic repel larvae of the black carpet beetle at 1/100 the concentration of sodium aluminum silicofluoride.

Science 112:172-173, 1950.

HEMATOLOGY

Cause of Cooley's Anemia

The disorder in Cooley's trait is probably due to an intrinsic defect which shortens erythrocyte survival in circulation. Ordinarily, increased erythropoiesis compensates for loss of red cells. When an insufficient rate of erythropoiesis is combined with the production of defective red cells, Cooley's anemia results. Dr. Henry E. Hamilton and associates of the State University of Iowa, Iowa City, found that normal erythrocytes transfused to a patient with Cooley's anemia and to a person with Cooley's trait survived a normal length of time, as did cells transfused from a person with slight Cooley's trait. When the donor blood came from a person with severe Cooley's trait, survival time of the cells was shortened. For many purposes the short survival of trait cells is unimportant and, provided usual qualifications for donors are met, blood from persons with Cooley's trait may be used for transfusion with little danger.

J. Clin. Investigation 29:714-722, 1950.

EDUCATION

Mayo Memorial Center

The construction of a 22 story, $12,000,000 Mayo Memorial Medical Center at the University of Minnesota, Minneapolis, has been started. The building, a memorial to the late Drs. William J. and Charles H. Mayo, will house medical research laboratories, classrooms, staff offices, operating rooms, hospital rooms, a medical library, and 3 auditoriums. The center is expected to be ready for occupancy in 1953.

ACTS IN MINUTES

to control most forms of hemorrhage

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Supplied in 10 cc. ampules, single-dose vials

Comprehensive dosage chart and literature on request

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TUBERCULOSIS

Status of BCG Vaccination

Mass vaccinations with BCG are unwarranted at the present time, except for carefully documented evaluation studies, assert Drs. Robert J. Anderson and Carroll E. Palmer of the U.S. Public Health Service, Washington, D.C. Otherwise, use of BCG should be restricted to selected groups in which known exposure exists. Lack of understanding concerning immunization against tuberculosis makes even more difficult the problem of which groups to vaccinate, how to vaccinate, and whether and when to revaccinate. In any event, the prosecution of accepted tuberculosis control methods for the protection of the community and the individual should not be relaxed because of reliance on BCG vaccination.

J.A.M.A. 143:1048-1051, 1950.

EXPERIMENTAL SURGERY

Esophageal Anastomosis

If the upper esophagus is destroyed by excision of tumor, stricture, or fistula, all the distal part below the azygous vein may be left attached to the stomach for implantation into the chest. Necrosis will be prevented by collateral blood flow. Dr. Joseph E. Macmanus and associates of the University of Buffalo and the National Cancer Institute observed no necrosis of the esophagus of dogs after complete devascularization of the thoracic portion, division, and anastomosis. The upper thoracic esophagus usually became necrotic if thoracic and cervical sections were completely devascularized or if the stomach was partly denuded and the abdominal, thoracic, and cervical segments were totally deprived of circulation.

Surgery 28:11-23, 1950.

"I don't give a damn if Dr. Kildare does operate for this condition. You are under my care now."

Life's Weary Moments

Think of a gag that fits the illustration. For every issue a new gag is published and the author is sent $5. The October 1 winner is

G. D. Guernsey, M.D.
Hanford, Calif.

Mail your caption to
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TO HER father, love is the logical diagnosis for the dwindling appetite, but to a keener eye, her languor and marked pallor indicate something deeper. Further investigation may reveal hypochromic anemia complicated by vitamin deficiency. For this common syndrome, IBEROL tablets offer effective, convenient therapy—one tablet three times daily with meals.

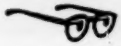
• Three IBEROL tablets supply 210 mg. of elemental iron, seven B complex vitamins including folic acid. IBEROL also supplies generous amounts of vitamin B_{12}, plus a stomach-liver digest standardized for its antianemic properties. Ascorbic acid is added for nutritional value and its reported action as a reducing agent for the iron. • IBEROL tablets are indicated for microcytic and macrocytic anemias; in pernicious anemias as a supplemental hematinic following initial intensive antipernicious anemia therapy. Your favorite local pharmacy can supply you with IBEROL in bottles of 100, 500 and 1000 sugar-coated tablets. Abbott

THREE IBEROL TABLETS SUPPLY:

Ferrous Sulfate (representing 210 mg. elemental iron, the active ingredient for the increase of hemoglobin in the treatment of iron-deficiency anemia)	1.05 Gm.
Plus these nutritional constituents:	
Thiamine Mononitrate (6xMDR*)	6 mg.
Riboflavin (3xMDR)	6 mg.
Nicotinamide (2xRDA†)	30 mg.
Ascorbic Acid (5xMDR)	150 mg.
Pyridoxine Hydrochloride	3 mg.
Pantothenic Acid	6 mg.
Vitamin B_{12}	6 mcg.
Folic Acid	3.6 mg.
Stomach-Liver Digest	1.5 Gm.

*Minimum Daily Requirement
†Recommended Daily Dietary Allowance

When more than iron is needed,
see that the Rx reads



Iberol® TABLETS

(Iron, Vitamin B Complex, Stomach-Liver Digest, Abbott)

PUBLIC HEALTH

Atomic Laboratory on Wheels

A mobile unit built for uranium prospecting may play an important part in atomic defense. In event of war the area of explosion would need to be tested at once for radioactivity. All the necessary instruments are contained in the 12-ft. body mounted on a Dodge truck chassis. Technicians driving such a mobile laboratory could speed to the scene of the blast, determine quickly if radioactivity was present, identify the type of radiation, and measure the danger. By moving quickly around the fringe of the blast, the extent of radioactivity as well as the intensity could be determined.

RADIOLOGY

Radiation-absorbing Lens

Protection of the eyes against x-ray and neutron radiation is now possible through the use of newly developed glass. Goggles made from glass containing cadmium borosilicates with fluorides, developed by Dr. Alexander Silverman of the University of Pittsburgh and associates, absorb as much neutron radiation as a layer of opaque cadmium 3 times as thick. Another glass, containing tungsten phosphate, absorbs 50% more radiation than the best commercial x-ray shielding glass now available. Goggles that are made with composite lenses will protect the eyes from both neutron and x-ray radiation.

Doctor to Doctor

Think of a gag that fits the illustration. For every issue a new gag is published and the author is sent $5. The Oct. 1 winner is

J. Allen Martin, M.D.
Pittsburgh

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"I finally cured that rich **Mrs. Gotrox** *you have been treating for the last ten years."*

MILITARY MEDICINE

Army Interns Stay in Army

More than 75% of the medical graduates who interned in Army hospitals under the Military Intern Training Program have remained in the Army longer than legally required, announces Maj. Gen. R. W. Bliss, Army Surgeon General. Of 311 participants in the training plan, 235 have chosen to remain on active duty in the Army medical service. All but 7 of the other 76 have retained reserve commissions and several have requested a return to active duty after trying nonmilitary practice.

BACTERIOLOGY

Fungi Inhibited

Antihistamine compounds may suppress pathogenic fungi as well as the allergic manifestations of infection. Pyribenzamine hydrochloride and diphenylpyraline inhibited both dermatophytes and systemic varieties that were isolated by Drs. Layne E. Carson and Charlotte C. Campbell, of the Army Medical Department Research and Graduate School, Washington, D.C. Growth of *Microsporon, Trichophyton,* and *Epidermophyton floccosum* representing several strains and of *Histoplasma capsulatum, Blastomyces dermatitidis,* and *Cryptococcus neoformans* was completely checked in broth by diphenylpyraline and in some cases by pyribenzamine. In Sabouraud's agar and horse serum, both drugs were active against *Trichophyton mentagrophytes, C. neoformans, H. capsulatum, B. dermatitidis,* and *Sporotrichum schenckii.*

Science 111:689-691, 1950.

PUBLIC HEALTH

Planes for Mercy Trips

More than 350 airplanes ranging from remodeled two-place "grasshoppers" to converted B-17's and C-47's have been made available to the nation's doctors and hospitals for emergency transport of patients or medical supplies. The planes are located in every state, Hawaii, and Alaska, according to a listing by the Civil Aeronautics Administration.

EDUCATION

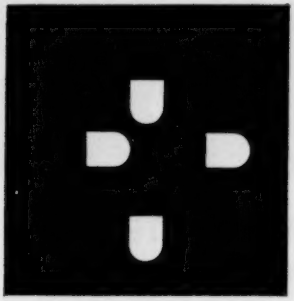
Mount Sinai Symposium

Applications are now being received by the registrar for medical instruction, at Mount Sinai Hospital, New York City, for a 10-course symposium in internal medicine for practicing physicians. The symposium may be taken in its entirety, or one or more of the courses may be taken separately. The symposium will be given October 16 to December 16 and will be repeated January 22 to March 24. The curriculum includes cardiovascular, renal, gastrointestinal, endocrinologic, hepatic, thoracic, metabolic, allergic, hematologic, and venereal and dermatologic diseases.

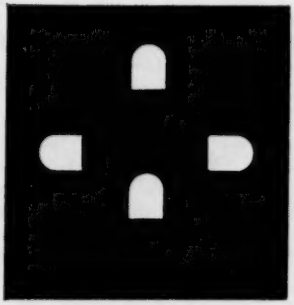
GRANTS

Investigation of Blindness

The National Council to Combat Blindness, Inc., announces 5 grants totaling $15,366 to finance studies on blindness. Recipients were Boston City Hospital, University of Pennsylvania, New York Medical College, Northwestern University, and Oxford University.

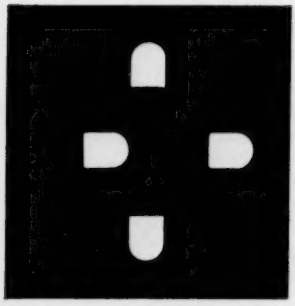


the ideal single preparation for ill-defined secondary anemias



Feosol Plus

Feosol Plus combines—in a carefully balanced formula—ferrous sulfate (grain for grain the most effective form of iron), liver, and seven other factors essential to optimal production of red blood cells. It is, therefore, most useful for the treatment of those ill-defined secondary anemias which resist treatment with iron alone.



Look what each capsule contains!

Ferrous sulfate, exsiccated	200.0 mg.
Desiccated liver, N. F.	325.0 mg.
Folic acid	0.4 mg.
Thiamine hydrochloride (B_1)	2.0 mg.
Riboflavin (B_2)	2.0 mg.
Nicotinic acid (Niacin)	10.0 mg.
Pyridoxine hydrochloride (B_6)	1.0 mg.
Ascorbic acid (C)	50.0 mg.
Pantothenic acid	2.0 mg.

Dosage—3 capsules daily, one after each meal

Packaged—in bottles of 100 capsules

Feosol Plus by no means replaces 'Feosol'—the standard therapy in simple iron-deficiency anemias.

'Feosol Plus' T.M. Reg. U.S. Pat. Off.

Smith, Kline & French Laboratories, Philadelphia

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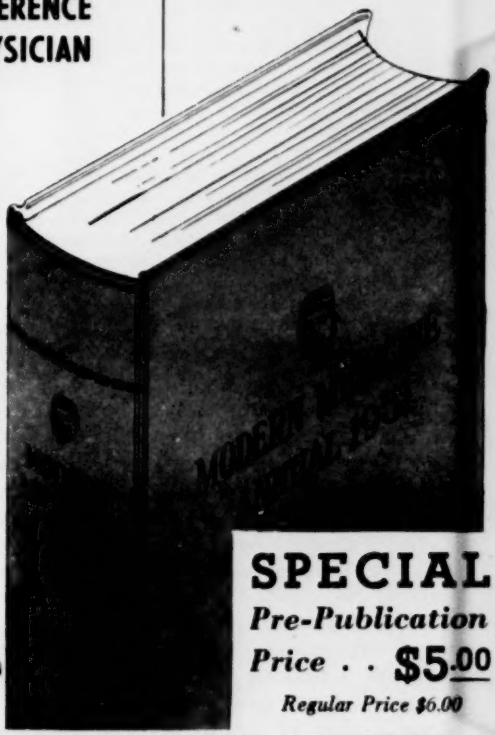

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Washington Letter

(Continued from page 52)

Diagnosis of radiation sickness: "It is the net decrease in the total number of white cells soon after the exposure which is always observed in radiation sickness, particularly in severe cases. If the number of cells falls much below 2,000 per cubic millimeter, the chances of recovery are not good, and if below 500 per cubic millimeter, the consequences are almost certain to be fatal."

Treatment of radiation sickness: "Immediate hospitalization so as to insure complete rest, and avoidance of chills and fatigue, is an essential first step. Whole blood transfusion should be given, as required, until the bone marrow has had time to regenerate and produce blood cells. Adequate nourishment could be provided by intravenous feeding to supply the necessary sugars, proteins, vitamins, etc. Infection may be controlled by use of penicillin and other antibiotics. The whole subject of radiation sickness is being given intensive study, and important advances in its treatment may be expected."

NSRB Health Activities

Emergency health activities have been a supreme consideration of the National Security Resources Board. Dr. Norvin Kiefer, who directed the absorbed Health Resources Division, continues in charge of the new organization, to be known as Health Resources Office. Responsibilities of the new office cover the whole area of health services, including coordination of personnel, hospitals, facilities, and medicinals.

One statement from the directive may be significant for the future. ". . . mobilization, allocation, and utilization of all personnel necessary for wartime health services in public health work, hospitals, clinics, homes, military services, and similar functions; this personnel includes physicians, nurses, sanitary engineers, dentists, veterinarians, pharmacists, technicians, and all other trained health personnel." Currently, NSRB has advisory powers only, and reports to the president with recommendations after studying problems and bringing interested persons and organizations together for consultation.

Washington Notes

► Despite the new Selective Service memorandum covering other students, the medical students' draft status is unchanged; the local board decides if a student contributes more to national security in school or in service.

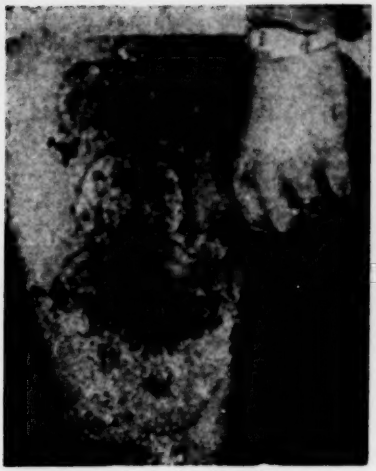
► The Cooper Committee continues to recommend that the care of military personnel should be the primary consideration of the medical services.

► Nearest approach yet to a joint national medical board is in operation on an informal basis. Military and civilian medical leaders get together weekly and keep each other informed.

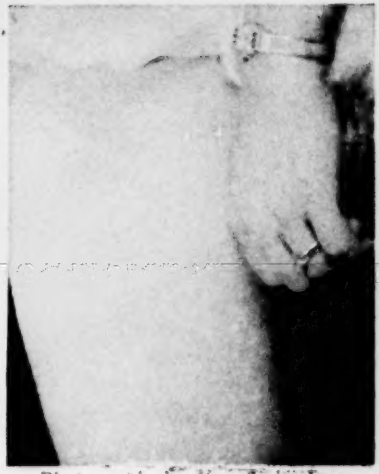
► In an on-again-off-again Senate action, U.S. Public Health Service lost $64,000,000. The amount, not in the budget, was offered as an amendment, but the motion lost. The next day, $32,000,000 was proposed but also lost.

► Under discussion in Congress is a proposal that would appropriate $1,000,000 to assist in establishing a nation-wide system of farms for alcoholics.

► Dr. Howard A. Rusk heads a committee within NSRB to advise on health matters.



Psoriasis—duration 15 years



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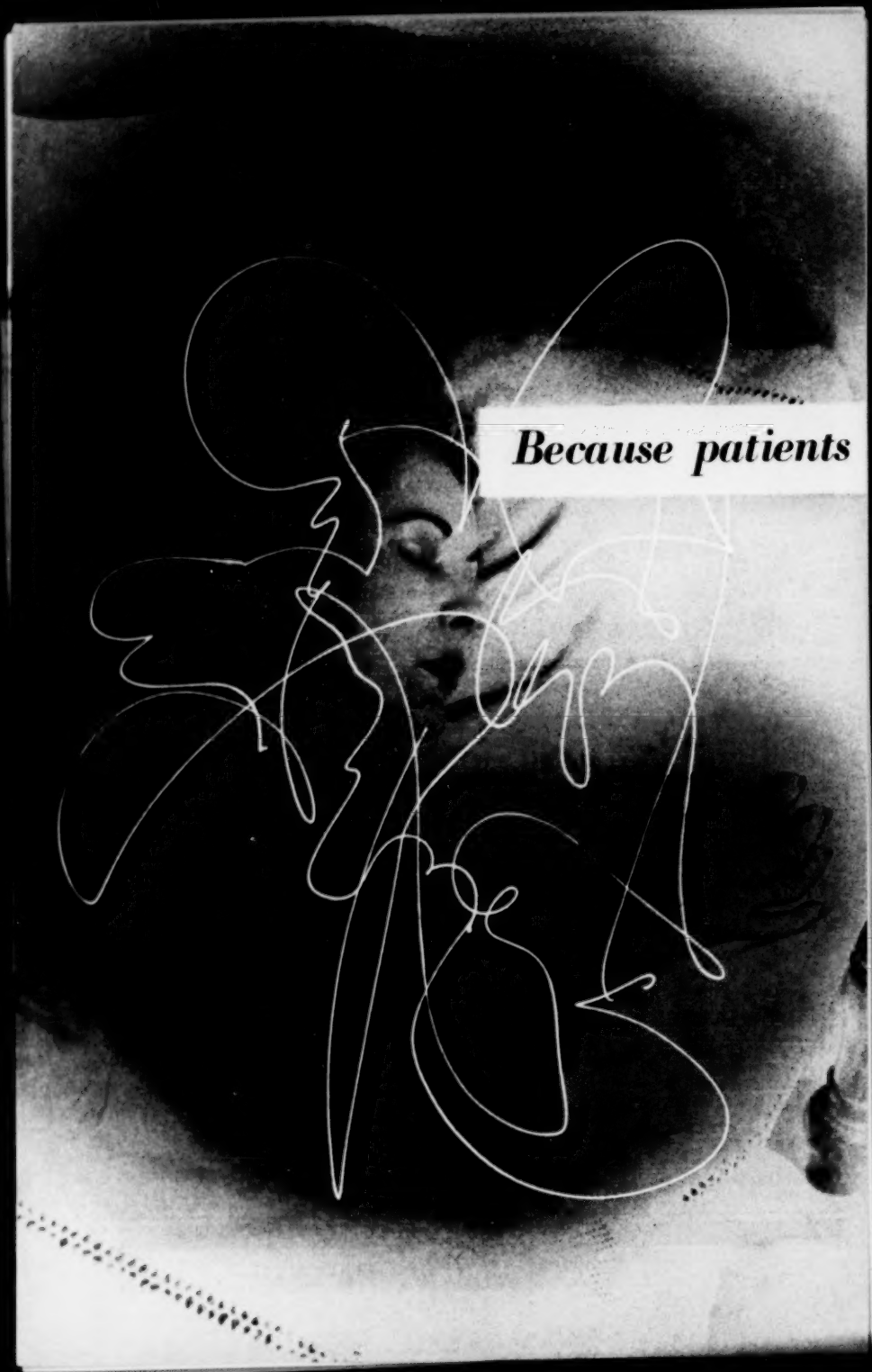
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"I should say there is," she said. "A bachelor girl is a girl that's never been married. An old maid has never been married, or anything."—E.S.

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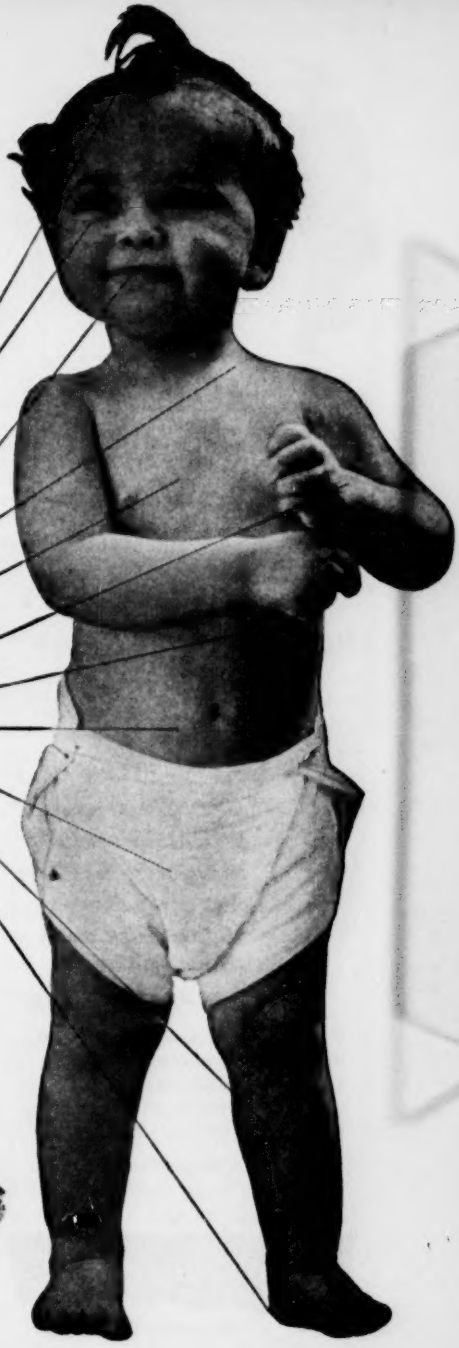

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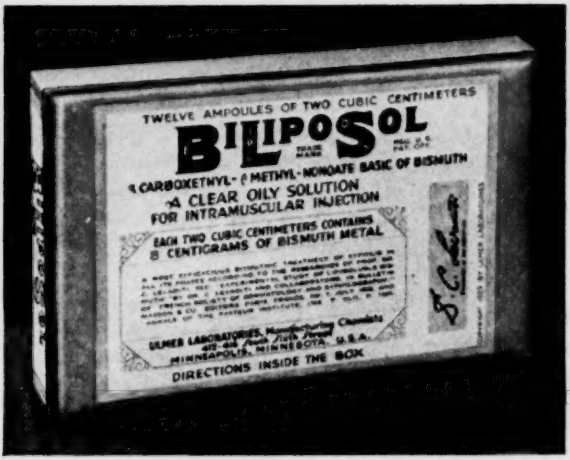

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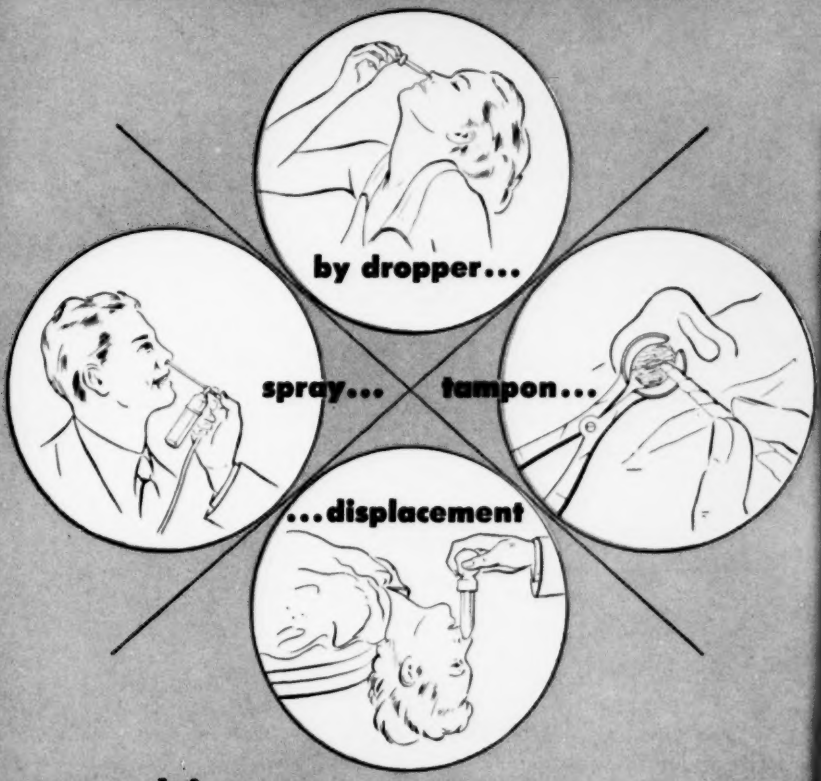

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